

# TSD File Inventory Index

Date: March 17, 2006

Initial: CM Knew

Facility Name: <u>Cotopillitas, Inc. (Joliet Plant - One Folded Site)</u>		
Facility Identification Number: <u>ILD 005 070 537</u>		
<b>A.1 General Correspondence</b>		<b>B.2 Permit Docket (B.1.2)</b>
<b>A.2 Part A / Interim Status</b>		.1 Correspondence
.1 Correspondence	✓	.2 All Other Permitting Documents (Not Part of the ARA)
.2 Notification and Acknowledgment	✓	<b>C.1 Compliance - (Inspection Reports)</b>
.3 Part A Application and Amendments	✓	<b>C.2 Compliance/Enforcement</b>
.4 Financial Insurance (Sudden, Non Sudden)	✓	.1 Land Disposal Restriction Notifications
.5 Change Under Interim Status Requests		.2 Import/Export Notifications
.6 Annual and Biennial Reports		<b>C.3 FOIA Exemptions - Non-Releasable Documents</b>
<b>A.3 Groundwater Monitoring</b>		<b>D.1 Corrective Action/Facility Assessment</b>
.1 Correspondence		.1 RFA Correspondence
.2 Reports		.2 Background Reports, Supporting Docs and Studies
<b>A.4 Closure/Post Closure</b>		.3 State Prelim. Investigation Memos
.1 Correspondence	✓	.4 RFA Reports
.2 Closure/Post Closure Plans, Certificates, etc.	✓	<b>D. 2 Corrective Action/Facility Investigation</b>
<b>A.5 Ambient Air Monitoring</b>		.1 RFI Correspondence
.1 Correspondence		.2 RFI Workplan
.2 Reports		.3 RFI Program Reports and Oversight
<b>B.1 Administrative Record</b>		.4 RFI Draft /Final Report
		<u>5 RFI QAPP</u>

Total - 1

.6 RFI QAPP Correspondence		.8 Progress Reports	
.7 Lab Data, Soil-Sampling/Groundwater		<b>D.5 Corrective Action/Enforcement</b>	
.8 RFI Progress Reports		.1 Administrative Record 3008(h) Order	
.9 Interim Measures Correspondence		.2 Other Non-AR Documents	
.10 Interim Measures Workplan and Reports		<b>D.6 Environmental Indicator Determinations</b>	
<b>D.3 Corrective Action/Remediation Study</b>		.1 Forms/Checklists	
.1 CMS Correspondence		<b>E. Boilers and Industrial Furnaces (BIF)</b>	
.2 Interim Measures		.1 Correspondence	
.3 CMS Workplan		.2 Reports	
.4 CMS Draft/Final Report		<b>F Imagery/Special Studies</b> (Videos, photos, disks, maps, blueprints, drawings, and other special materials.)	
.5 Stabilization		<b>G.1 Risk Assessment</b>	
.6 CMS Progress Reports		.1 Human/Ecological Assessment	
.7 Lab Data, Soil-Sampling/Groundwater		.2 Compliance and Enforcement	
<b>D.4 Corrective Action Remediation Implementation</b>		.3 Enforcement Confidential	
.1 CMI Correspondence		.4 Ecological - Administrative Record	
.2 CMI Workplan		.5 Permitting	
.3 CMI Program Reports and Oversight		.6 Corrective Action Remediation Study	
.4 CMI Draft/Final Reports		.7 Corrective Action/Remediation Implementation	
.5 CMI QAPP		.8 Endangered Species Act	
.6 CMI QAPP Correspondence		.9 Environmental Justice	
.7 Lab Data - Soil Sampling / Groundwater			

Note: Transmittal Letter to Be Included with Reports.

Comments:



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

APR 14 1982

REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

Mr. B.M. Smith  
Caterpillar Tractor Co., Inc.  
P.O. Box 504  
Joliet, Illinois 60434

RE: Interim Status Acknowledgement      USEPA ID-No. ILD005070537  
FACILITY NAME: Caterpillar Tractor Co., Inc.

Dear Mr. Smith:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

  
Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

4/14/82

Enclosure

cc: Donald F. Dominick

PAE



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ILD005070537

REACKNOWLEDGEMENT

CATERPILLAR TRACTOR CO INC  
PO BOX 504  
JOLIET

IL 60434

INSTALLATION ADDRESS

CHANNAHON RD RT 6  
JOLIET

IL 60434







# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 6 23 - 26	3 F 0 0 7 23 - 26	4 F 0 0 8 23 - 26	5 F 0 0 9 23 - 26	6 F 0 1 0 23 - 26
7 F 0 1 2 23 - 26	8 F 0 1 7 23 - 26	9 F 0 1 8 23 - 26	10  23 - 26	11  23 - 26	12  23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13  23 - 26	14  23 - 26	15  23 - 26	16  23 - 26	17  23 - 26	18  23 - 26
19  23 - 26	20  23 - 26	21  23 - 26	22  23 - 26	23  23 - 26	24  23 - 26
25  23 - 26	26  23 - 26	27  23 - 26	28  23 - 26	29  23 - 26	30  23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31  23 - 26	32  23 - 26	33  23 - 26	34  23 - 26	35  23 - 26	36  23 - 26
37  23 - 26	38  23 - 26	39  23 - 26	40  23 - 26	41  23 - 26	42  23 - 26
43  23 - 26	44  23 - 26	45  23 - 26	46  23 - 26	47  23 - 26	48  23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49  23 - 26	50  23 - 26	51  23 - 26	52  23 - 26	53  23 - 26	54  23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>David C. Miller</i>	NAME & OFFICIAL TITLE (type or print) DAVID C. MILLER PLANT MANAGER	DATE SIGNED 8/5/80
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CATERPILLAR INC.

Joliet, Illinois 60434-0504

August 8, 1989

R.C.R.A. Section  
Region 5  
United States Environmental Protection Agency  
230 South Dearborn St.  
Chicago, IL 60604

Gentlemen:

Revision of Part A; ILD005070537

Enclosed is the revised Part A form for this Joliet facility. Please replace the FORM 3 pages with the enclosed ones. This will show the addition of lines 15 thru 26 on page 3A for various lab pack of laboratory chemicals. All other information and documents should remain the same.

Sincerely

*Dan Kantner 8/23/89*

Environmental Coordinator

GMKantner  
Plant Engineering - B05  
Tel.: 815-729-6270  
rcrarev.doc

encl.

cc: Permit Section  
Division of Land Pollution Control  
Illinois Environmental Protection Agency  
2200 Churchill Road  
Springfield, Illinois 62706

RECEIVED

SEP 07 1989

U. S. EPA, REGION V  
SWB — PMS

RECEIVED  
AUG 25 1989  
OFFICE OF RCRA  
WASTE MANAGEMENT DIVISION  
EPA, REGION V







EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
W I L D 0 0 5 0 7 0 5 3 7 1													W D U P 2 D U P														
DESCRIPTION OF HAZARDOUS WASTES (continued)																											
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																				
							1. PROCESS CODES (enter)																				
				2. PROCESS DESCRIPTION (if a code is not entered in D(1))																							
1	F	0	0	6	1500	T	T	0	1																		
2	F	0	0	5	30	T	S	0	1																		
3	F	0	0	3																							Included with above
4	D	0	0	1	15	T	S	0	1																		
5	D	0	0	3	15	T	S	0	1																		
6	D	0	0	7	240	T	S	0	1																		
7	D	0	0	2																							Included with above
8	D	0	0	2	50	T	S	0	1																		
9	D	0	0	7	30	T	S	0	1																		
10	D	0	0	8																							Included with above
11	D	0	0	2																							Included with above
12	D	0	0	9	50	G	S	0	1																		Lab Pack
13	U	2	2	6	50	G	S	0	1																		Lab Pack
14	F	0	0	1	1100	G	S	0	1																		Solvent Used for Electrical Equipment.
15	D	0	0	3	50	G	S	0	1																		Lab Pack
16	D	0	0	4	50	G	S	0	1																		Lab Pack
17	D	0	0	5	50	G	S	0	1																		Lab Pack
18	D	0	0	6	50	G	S	0	1																		Lab Pack
19	D	0	0	8	50	G	S	0	1																		Lab Pack
20	P	0	2	9	50	G	S	0	1																		Lab Pack
21	P	1	0	4	50	G	S	0	1																		Lab Pack
22	P	1	0	6	50	G	S	0	1																		Lab Pack
23	P	1	2	0	50	G	S	0	1																		Lab Pack
24	U	1	2	2	50	G	S	0	1																		Lab Pack
25	U	1	8	8	50	G	S	0	1																		Lab Pack
26	U	2	3	8	50	G	S	0	1																		Lab Pack

**IV. DESCRIPTION OF HAZARDOUS WASTES (continued)****E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

S	F	I	L	D	0	0	5	0	7	0	5	3	7	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

4	1	2	9	0	5
65	66	67	68	69	71

8	8	0	8	0	3
72	74	75	76	77	79

**VIII. FACILITY OWNER**
☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65
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3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65
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**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

John M. Barrowman, Plant Manager



8/22/89

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

John M. Barrowman, Plant Manager





**CATERPILLAR INC.**

Joliet, Illinois 60434

February 16, 1988

MAK 26 1988

U.S. SWD - FMS V

RECEIVED

FEB 25 1988

R.C.R.A. Section  
Region V  
United States Environmental Protection Agency  
230 South Dearborn St.  
Chicago, Illinois 60604

SOLID WASTE BRANCH  
U.S. EPA, REGION V

cc: Carrie L. Agrall  
Environmental Protection Engineer  
Permit Section  
Division of Land Pollution Control  
Illinois Environmental Protection Agency  
2200 Churchill Road  
Springfield, Illinois 62706

RECEIVED  
FEB 25 1988  
U.S. EPA, REGION V  
WASTE MANAGEMENT DIVISION  
OFFICE OF THE DIRECTOR

**Re: Revised Part A ILD 005070537**

Gentlemen:

Enclosed is the revised part A form for this Joliet facility with the misplaced pages. Please replace the previous information with the enclosed information. All other information and documents should remain unchanged.

These changes update the current practices.

*Gary Kantner* 2/23/88  
Gary Kantner  
Environmental Coordinator  
815-729-6270

bc/gk021688





ILD 005070537

Caterpillar Inc.

Channahon Rd., Rt. 6

February, 1988 - Part A Revision

Form 1:

No Change

Form 3:

IV. Description of Hazardous Waste:

Added waste numbers D009 and U226.

bc/gk021688



FCSM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
EPA I.D. NUMBER		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
III. FACILITY NAME				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

## II. POLLUTANT CHARACTERISTICS

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

## III. NAME OF FACILITY

1	SKIP	CATERPILLAR INC.
---	------	------------------

## IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	KANTNER GM ENV COORDINATOR	815	729 6270

## V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	B05 PO BOX 504	4	JOLIET	IL	60434

## VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	CHANNAHON RD, RT 6	WILL	6	JOLIET	IL	60434	

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	3	5	3	7			
(specify) EARTHMOVING EQUIPMENT COMPANIES				(specify)			
C. THIRD				D. FOURTH			
7				7			
(specify)				(specify)			

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?				
8 CATERPILLAR INC.															<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)				
F = FEDERAL M = PUBLIC (other than federal or state) P = PRIVATE S = STATE O = OTHER (specify)															3 0 9 6 7 5 1 0 0 0				
E. STREET OR P.O. BOX																			
1 0 0 N E A D A M S																			
F. CITY OR TOWN										G. STATE		H. ZIP CODE			IX. INDIAN LAND				
B P E O R I A										I L		6 1 6 2 9			Is the facility located on Indian lands?				
															<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N I L 0 0 1 7 3 2										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										(specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R										(specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of:  
Earthmoving equipment and components.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
John M. Barrowman, Plant Manager					

COMMENTS FOR OFFICIAL USE ONLY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



\* or type in the unshaded areas only  
e spaced for elite type, i.e., 12 c pters/inch).

Form Approved OMB No. 158-S80004



U.S. ENVIRONMENTAL PROTECTION AGENCY  
**HAZARDOUS WASTE PERMIT APPLICATION**  
Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

FILED 005070537 1

OFFICIAL USE ONLY

DATE RECEIVED	DATE RECEIVED	DATE RECEIVED
YR.	MO.	DAY
23	24	29

COMMENTS

FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY
73	74	75
76	77	78

YR.	MO.	DAY
73	74	75
76	77	78

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
<b>Disposal:</b>			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
	UNIT OF MEASURE CODE			UNIT OF MEASURE CODE	
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)				1. AMOUNT	
		2. UNIT OF MEA- SURE (enter code)				2. UNIT OF MEA- SURE (enter code)	
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 1	57,000	G	7			
2				8			
3				9			
4				10			



**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS . . . . .	P	KILOGRAMS . . . . .	K
TONS . . . . .	T	METRIC TONS . . . . .	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

**IV. DESCRIPTION OF HAZARDOUS WASTE (continued)****E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

S	F	I	L	D	0	0	5	0	7	0	5	3	7	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

4	1	2	9	0	5
65	66	67	68	69	71

LONGITUDE (degrees, minutes, &amp; seconds)

8	8	0	8	0	3
72	74	75	76	77	79

**VIII. FACILITY OWNER**
☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.		6. ZIP CODE			
F										G															
13 16										45 15 16										40 41 42		47 51			

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

John M. Barrowman, Plant Manager



2/16/88

**X. OPERATOR CERTIFICATION**

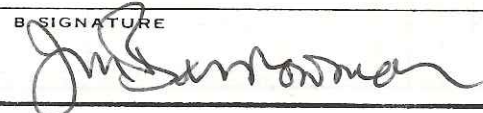
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

John M. Barrowman, Plant Manager



2/16/88

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY																
S	I	L	D	0	0	5	0	7	0	5	3	7	T/A	C	S	I	L	D	0	0	5	0	7	0	5	3	7	T/A	C		
1	2														1	2															

## IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES															
	23	24	25	26			1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
							27	28	29	27	28	29	27	28	29	27	28	29				
1	F	0	0	6	1500	T		T	0	1												
2	F	0	0	5	30	T		S	0	1												
3	F	0	0	3														Included with above				
4	D	0	0	1	15	T		S	0	1												
5	D	0	0	3	15	T		S	0	1												
6	D	0	0	7	240	T		S	0	1												
7	D	0	0	2														Included with above				
8	D	0	0	2	50	T		S	0	1												
9	D	0	0	7	30	T		S	0	1												
10	D	0	0	8														Included with above				
11	D	0	0	2														Included with above				
12	D	0	0	9	50	P		S	0	1								Lab Pack				
13	U	2	2	6	1	T		S	0	1								Lab Packs				
14	F	0	0	1	1000	P		S	0	1												
15																						
16																						
17																						
18																						
19																						
20																						
21																						
22																						
23																						
24																						
25																						
26																						



**V. FACILITY DRAWING** (see page 4)

A large, empty rectangular box with a black border, intended for a facility drawing. The box occupies the majority of the page area below the header and above the footer.





**CATERPILLAR INC.**

RECEIVED

JUL 31 1987

U. S. EPA, REGION V  
SWB - PMS

Joliet, Illinois 60434

July 8, 1987

C, TSD, PA

R.C.R.A. Section  
Region V  
United States Environmental Protection Agency  
230 South Dearborn St.  
Chicago, Illinois 60604

cc: Robert A. Carson  
Environmental Protection Engineer  
Permit Section  
Division of Land Pollution Control  
Illinois Environmental Protection Agency  
2200 Churchill Road  
Springfield, Illinois 62706

RECEIVED  
AUG 3 1987  
U.S. EPA REGION V  
WASTE MANAGEMENT DIVISION  
HAZARDOUS WASTE ENFORCEMENT BRANCH

Gentlemen:

Enclosed are revised part A forms for the two Joliet facilities. Please replace the previous information with the enclosed information. All other information and documents should remain unchanged.

These changes update the current practices.

*Gary Kantner*

Gary Kantner  
Environmental Coordinator  
815-729-6270

bc/gk070887



ILD 005070537  
Caterpillar Inc.  
Channahon Rd., Rt. 6  
July, 1987 - Part A Revision

Form 1:

III, IV, and V updated

Form 3:

IIB: This is a revised application.

IIIC: Process Codes

S02 (5000 gallon tank) is a process tank that has never been used for "waste" and so is being removed from the application.

T01 (75,000 gallon/day) is part of N.P.D.E.S. permit and so is removed from the application.

IV. Description of Hazardous Waste:

Due to process changes and clarification delete F001, F007, F008, F009, F010, F012, F017, F018.

Replace with F006, F005/F003, D001, D003, D007/D002, D007/D008/D002.

Waste streams D002 and F006 had volume changes.





FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		EPA I.D. NUMBER FIELD005070537	
I. EPA I.D. NUMBER		PLEASE PLACE LABEL IN THIS SPACE		<b>GENERAL INSTRUCTIONS</b> If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1 SKIP CATERPILLAR INC.

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2 KANTNER G M ENV COORDINATOR		815	729 6270

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3 B05 P O Box 504		Joliet	IL	60434	

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5 Channahon RD, RT 6		Will		Joliet	IL	60435	

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
(specify) 7 3 5 3 1 EARTHMOVING EQUIPMENT COMPANIES										(specify) 7									
C. THIRD										D. FOURTH									
(specify) 7										(specify) 7									

## VIII. OPERATOR INFORMATION

A. NAME																									B. Is the name listed in Item VIII-A also the owner?	
8 CATERPILLAR INC.																									<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other", specify.)																				D. PHONE (area code & no.)						
F = FEDERAL S = STATE P = PRIVATE					M = PUBLIC (other than federal or state) O = OTHER (specify)					P (specify)					A 3 0 9 6 7 5 1 0 0 0											

E. STREET OR P.O. BOX																										
1 0 0 N E A D A M S																										
F. CITY OR TOWN																				G. STATE		H. ZIP CODE			IX. INDIAN LAND	
B P E O R I A																				I L		6 1 6 2 9			Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N I L 0 0 1 7 3 2										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										(specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R										(specify)									

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of:

Earthmoving equipment and components.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
John M. Barrowman, Plant Manager																														7.27.87									

## COMMENTS FOR OFFICIAL USE ONLY

C																													
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



<b>FORM</b> <b>3</b> <b>RCRA</b>	 <b>EPA</b>	<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> <i>Consolidated Permits Program</i> (This information is required under Section 3005 of RCRA.)	<b>EPA I.D. NUMBER</b>									
			F I L D 0 0 5 0 7 0 5 3 7									

**FOR OFFICIAL USE ONLY**

<b>APPLICATION APPROVED</b>	<b>DATE RECEIVED</b> (yr., mo., & day)
23	24 25 26 27 28 29

COMMENTS

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)☐ 2. NEW FACILITY (Complete item below.)

<b>YR.</b>	<b>MO.</b>	<b>DAY</b>
8	73 74	75 76 77 78

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

<b>YR.</b>	<b>MO.</b>	<b>DAY</b>
73 74	75 76	77 78

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

**B. REVISED APPLICATION** (place an "X" below and complete Item I above)☒ 1. FACILITY HAS INTERIM STATUS☐ 2. FACILITY HAS A RCRA PERMIT**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS

<b>Disposal:</b>		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

**Treatment:**

TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

<b>DUP</b>															
<b>1 2 3 4 5 6 7 8 9 10</b>															
<b>LINE NUMBER</b>	<b>A. PRO- CESS CODE (from list above)</b>	<b>B. PROCESS DESIGN CAPACITY</b>					<b>FOR OFFICIAL USE ONLY</b>	<b>LINE NUMBER</b>	<b>A. PRO- CESS CODE (from list above)</b>	<b>B. PROCESS DESIGN CAPACITY</b>					<b>FOR OFFICIAL USE ONLY</b>
		<b>1. AMOUNT (specify)</b>		<b>2. UNIT OF MEA- SURE (enter code)</b>						<b>1. AMOUNT</b>		<b>2. UNIT OF MEA- SURE (enter code)</b>			
X-1	S 0 2	600		G				5							
X-2	T 0 3	20		E				6							
1	S 0 1	57,000		G				7							
								8							
3								9							
4								10							



**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE      CODE  
POUNDS . . . . . P  
TONS . . . . . T

METRIC UNIT OF MEASURE      CODE  
KILOGRAMS . . . . . K  
METRIC TONS . . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. **PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY											
S I L D 0 0 5 0 7 0 5 3 7 T/A C 1													S W 1 2 DUP T/A C 2 DUP											
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)													D. PROCESSES											
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))																
				23	24	25	26	27	28	29	30	31	32	33	34	35	36							
1	F 0 0 6	1500	T	T	0	1									Placed into container for offsite disposal by TSDF.									
2	F 0 0 5	30	T	S	0	1																		
3	F 0 0 3														Included with above									
4	D 0 0 1	15	T	S	0	1																		
5	D 0 0 3	5	T	S	0	1																		
6	D 0 0 7	240	T	S	0	1																		
7	D 0 0 2														Included with above									
8	D 0 0 2	50	T	S	0	1																		
9	D 0 0 7	30	T	S	0	1																		
10	D 0 0 8														Included with above									
11	D 0 0 2														Included with above									
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								



**IV. DESCRIPTION OF HAZARDOUS WASTE (continued)****E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

S	F	I	L	D	0	0	5	0	7	0	5	3	7	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

4	1	2	9	0	5
65	66	67	68	69	71

LONGITUDE (degrees, minutes, &amp; seconds)

8	8	0	8	0	3
72	74	75	76	77	79

**VIII. FACILITY OWNER**☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

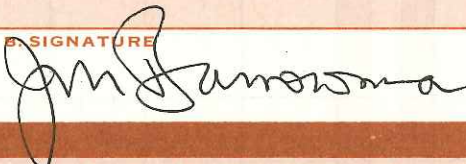
**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

John M. Barrowman, Plant Manager

B. SIGNATURE



C. DATE SIGNED

7-28-87

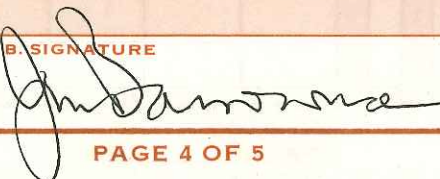
**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

John M. Barrowman, Plant Manager

B. SIGNATURE



C. DATE SIGNED

7-28-87

**V. FACILITY DRAWING** (see page 4)





June 22, 1987

The following is a list of EPA Hazardous Waste Numbers, type of product, and primary generating area(s) at the Joliet Plant:

<u>EPA #</u>	<u>Type of Product</u>	<u>Generating Area</u>
F006	Waste Treatment Sludge	Bldg. VV
F003, F005	Paint Thinner Waste Paint	Production Paint Booths, Maintenance Areas
D001	Spent Stoddard Solvent	Maintenance Areas, Production degreasing tanks
D003(One time only)	Lapping Compound	Production laps, hones
D002, D007	Spent Chromic Acid Chromic Acid Sludge Chrome Contaminated Debris Spent Sulfuric Acid w/Chrome Spent Alkaline Cleaner w/Chrome Spent Alkaline Stripper w/Chrome	Chrome plating area
D002	Alkaline Paint Stripper Waste Alkaline Cleaner Spent Nickel Plating Solvent Manganese/Zinc Phosphate Sludge	Paint Booths Production Stores Chrome Plate Area Harshaw System
D007, D008, D002	Spent Chrome Acid w/Lead	Chrome Plating Area

bc/jh062287/1





FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER F I L D 0 0 5 0 7 0 5 3 7 3 D	
LABEL ITEMS		I. EPA I.D. NUMBER ILD005070537		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
II. FACILITY NAME CATERPILLAR TRACTOR CO INC		V. FACILITY MAILING ADDRESS PO BOX 674 JOLIET, IL 61434			
VI. FACILITY LOCATION CHAMNAHON RD RT 6 JOLIET, IL 61434					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		YES	NO	FORM ATTACHED	
			X		
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)			X		
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X		
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			X		
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			X		
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			X		
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		
III. NAME OF FACILITY 1 SKIP					
IV. FACILITY CONTACT A. NAME & TITLE (last, first, & title) 2 SMITH B M ENVIR COORDINATOR B. PHONE (area code & no.) 815 729 5632					
V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX 3 B. CITY OR TOWN 4 C. STATE 40 D. ZIP CODE 47					
VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 5 B. COUNTY NAME WILL C. CITY OR TOWN 6 D. STATE 40 E. ZIP CODE 47 F. COUNTY CODE (if known) 197					



VII. SIC CODES (4-digit,\*in order of priority)

A. FIRST										B. SECOND										
C	7	3	5	3	1	(specify) EARTH MOVING EQUIPMENT AND COMPONENTS					C	7	(specify)							
15	16	19								15	16	19								

C. THIRD										D. FOURTH									
C	7	(specify)								C	7	(specify)							
15	16	19								15	16	19							

VIII. OPERATOR INFORMATION

A. NAME																																																		B. Is the name listed in Item VIII-A also the owner?									
C	8	CATERPILLAR TRACTOR CO																																																<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
15	16	66																																																66									

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)																			
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE																														P (specify)										A 3 0 9 6 7 5 1 0 0 0									
55																														55										15 16 17 18 19 20 21 22 23 24									

E. STREET OR P.O. BOX																													
1 0 0 N E A D A M S																													
25 55																													

F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND									
B P E O R I A																				I L					6 1 6 2 9					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
15 16 17 18 19 20 21 22 23 24																				40 41 42					47 48 49 50 51					52									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
C	9	N	I L 0 0 0 1 7 3 2												C	9	P												
15	16	17	18 19 20 21 22 23 24												15	16	17	18 19 20 21 22 23 24											

B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
C	9	U													C	9	(specify)												
15	16	17	18 19 20 21 22 23 24												15	16	17	18 19 20 21 22 23 24											

C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
C	9	R													C	9	(specify)												
15	16	17	18 19 20 21 22 23 24												15	16	17	18 19 20 21 22 23 24											

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: A/50

XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURE OF:  
EARTH MOVING EQUIPMENT AND COMPONENTS

F9: A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
DONALD F. DOMNICK, VICE PRESIDENT	<i>Donald F. Domnick</i>	10/31/80

COMMENTS FOR OFFICIAL USE ONLY

C	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
C																			
13	14																		



FORM 3673  
RCRA  
EPA  
U.S. ENVIRONMENTAL PROTECTION AGENCY  
HAZARDOUS WASTE PERMIT APPLICATION  
Consolidated Permits Program  
(This information is required under Section 3005 of RCRA.)  
I. EPA I.D. NUMBER  
FIELD 00507053731

FOR OFFICIAL USE ONLY  
APPLICATION APPROVED  
DATE RECEIVED (yr., mo., & day)  
COMMENTS

II. FIRST OR REVISED APPLICATION  
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)  
1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)  
2. NEW FACILITY (Complete item below.)  
FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.  
1. AMOUNT - Enter the amount.  
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
JECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE CODE		UNIT OF MEASURE CODE	UNIT OF MEASURE CODE		UNIT OF MEASURE CODE
GALLONS . . . . .	G	LITERS PER DAY . . . . .	V	ACRE-FEET . . . . .	A
LITERS . . . . .	L	TONS PER HOUR . . . . .	D	HECTARE-METER . . . . .	F
CUBIC YARDS . . . . .	Y	METRIC TONS PER HOUR . . . . .	W	ACRES . . . . .	B
CUBIC METERS . . . . .	C	GALLONS PER HOUR . . . . .	E	HECTARES . . . . .	Q
GALLONS PER DAY . . . . .	U	LITERS PER HOUR . . . . .	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

Example completion for lines X-1 and X-2:  
X-1 S 0 2 600 G  
X-2 T 0 3 20 E







EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE OF														
W I L D 0 0 5 0 7 0 5 3 7 T/A C 3 1													W DUP 3 2 DUP														
1 2 13 14 15													1 2 13 14 15 23 26														
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																											
LINE	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES																
	23	24	25	26	27	28	29	30	31	32	1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))												
1	F	0	0	6	7412	000			T		T	0	1														
2	F	0	1	7	600	000			T		S	0	1														
3	F	0	1	8	20	000			T		S	0	1														
4	F	0	0	9	1040	000			T		S	0	1														
5	F	0	0	7	485	000			T		S	0	1														
6	F	0	1	0	4	000			T		S	0	1														
7	F	0	1	2	4	000			T		S	0	1														
8	F	0	0	1	12	000			T		S	0	1														RECYCLED (STORED IN DRUMS)
9	F	0	0	8	50	000			T		S	0	1														
10	D	0	0	2	4	000			T		S	0	1														
11																											
12																											
13																											
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21																											
22																											
23																											
24																											
25																											
26																											

EPA I.D. NO. (enter from page 1)

F	I	L	D	0	0	5	0	7	0	5	3	7	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6: 6/55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6: A/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4	1	2	9	0	5	0
55	56	57	58	59	60	61

0	8	8	0	8	0	3	0
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

DONALD F. DOMNICK, VICE PRESIDENT

*Donald F. Domnick*

10/31/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

DONALD F. DOMNICK, VICE PRESIDENT

*Donald F. Domnick*

10/31/80



FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER																																																																																																																	
EPA I.D. NUMBER		III. FACILITY NAME		V. FACILITY MAILING ADDRESS																																																																																																																	
VI. FACILITY LOCATION		II. POLLUTANT CHARACTERISTICS		GENERAL INSTRUCTIONS																																																																																																																	
EPA I.D. NUMBER		III. FACILITY NAME		V. FACILITY MAILING ADDRESS																																																																																																																	
VI. FACILITY LOCATION		II. POLLUTANT CHARACTERISTICS		GENERAL INSTRUCTIONS																																																																																																																	
<p><b>INSTRUCTIONS:</b> Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">MARK 'X'</th> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">MARK 'X'</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> </tr> </thead> <tbody> <tr> <td>A. 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## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND																				
C	7	3	5	3	1	(specify)	EARTH MOVING EQUIPMENT AND COMPONENTS					C	7				(specify)													
15	16				19											15	16													
C. THIRD										D. FOURTH																				
C	7					(specify)						C	7				(specify)													
15	16				19											15	16													

## VIII. OPERATOR INFORMATION

A. NAME																																																		B. Is the name listed in Item VIII-A also the owner?										
C	8	C	A	T	E	R	P	I	L	L	A	R		T	R	A	C	T	O	R		C	O																												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 66									
15	16																																																	55										
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)																														
F = FEDERAL										M = PUBLIC (other than federal or state)										P = PRIVATE										O = OTHER (specify)										C A 3 0 9 6 7 5 1 0 0 0																				
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F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND																														
B P E O R I A																				I L					6 1 6 2 9					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52																														
15																				40					41					47					51																									

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
C	9	N													C	9	P												
15	16	17	18											30	15	16	17	18									30		
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
C	9	U													C	9													
15	16	17	18											30	15	16	17	18									30		
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
C	9	R													C	9													
15	16	17	18											30	15	16	17	18									30		

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: A/50

## XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURE OF:  
EARTH MOVING EQUIPMENT AND COMPONENTS

F9: A/51

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
DONALD F. DOMNICK, VICE PRESIDENT	<i>Donald F. Domnick</i>	10/31/80

## COMMENTS FOR OFFICIAL USE ONLY

C	C
15	16



FORM  
3  
RCRA



U.S. ENVIRONMENTAL PROTECTION AGENCY  
**HAZARDOUS WASTE PERMIT APPLICATION**

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

9  
F I L D 0 0 5 0 7 0 5 3 7 T/A C  
1 2 13 14 15

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)
23	24 - 29

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility.  
Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

C YR. MO. DAY  
8 5 1 0 2 0 9  
15 73 74 75 76 77 78  
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day)  
OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED  
(use the boxes to the left)

YR. MO. DAY  
73 74 75 76 77 78  
FOR NEW FACILITIES,  
PROVIDE THE DATE  
(yr., mo., & day) OPERA-  
TION BEGAN OR IS  
EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

Treatment:

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S	C	DUP	T/A C	3	1		
1	2	13	14	15			
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)				1. AMOUNT	
		2. UNIT OF MEAS- URE (enter code)				2. UNIT OF MEAS- URE (enter code)	
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 1	57,000 000	G	7			
	S 0 2	5,000 000	G	8			
3	T 0 1	175,000 000	U	9			
4				10			



**III. PROCESSES (continued)**

**C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.**

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

**ENGLISH UNIT OF MEASURE**                      **CODE**  
 POUNDS..... P  
 TONS..... T

**METRIC UNIT OF MEASURE**                      **CODE**  
 KILOGRAMS..... K  
 METRIC TONS..... M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY									
<div> <div>S</div> <div>W</div> <div>I</div> <div>L</div> <div>D</div> <div>0</div> <div>0</div> <div>5</div> <div>0</div> <div>7</div> <div>0</div> <div>5</div> <div>3</div> <div>7</div> <div>3</div> <div>1</div> </div>															<div> <div>S</div> <div>W</div> <div>DUP</div> <div>3</div> <div>2</div> <div>DUP</div> </div>									
V. DESCRIPTION OF HAZARDOUS WASTES (continued)															D. PROCESSES									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))																
				27	28	29	27	28	29	27	28	29	27	28	29									
1	F 006	7412 000	T	T	0	1																		
2	F 017	600 000	T	S	0	1																		
3	F 018	20 000	T	S	0	1																		
4	F 009	1040 000	T	S	0	1																		
5	F 007	485 000	T	S	0	1																		
6	F 010	4 000	T	S	0	1																		
7	F 012	4 000	T	S	0	1																		
8	F 001	12 000	T	S	0	1											RECYCLED (STORED IN DRUMS)							
9	F 008	50 000	T	S	0	1																		
10	D 002	4 000	T	S	0	1																		
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								



## IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	I	L	D	0	0	5	0	7	0	5	3	7	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6: B/55

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

A  
F6: 56

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

4 1 2 9 0 5 0

LONGITUDE (degrees, minutes, &amp; seconds)

0 8 8 0 8 0 3 0

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

DONALD F. DOMNICK, VICE PRESIDENT

Donald F. Domnick

10/31/80

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

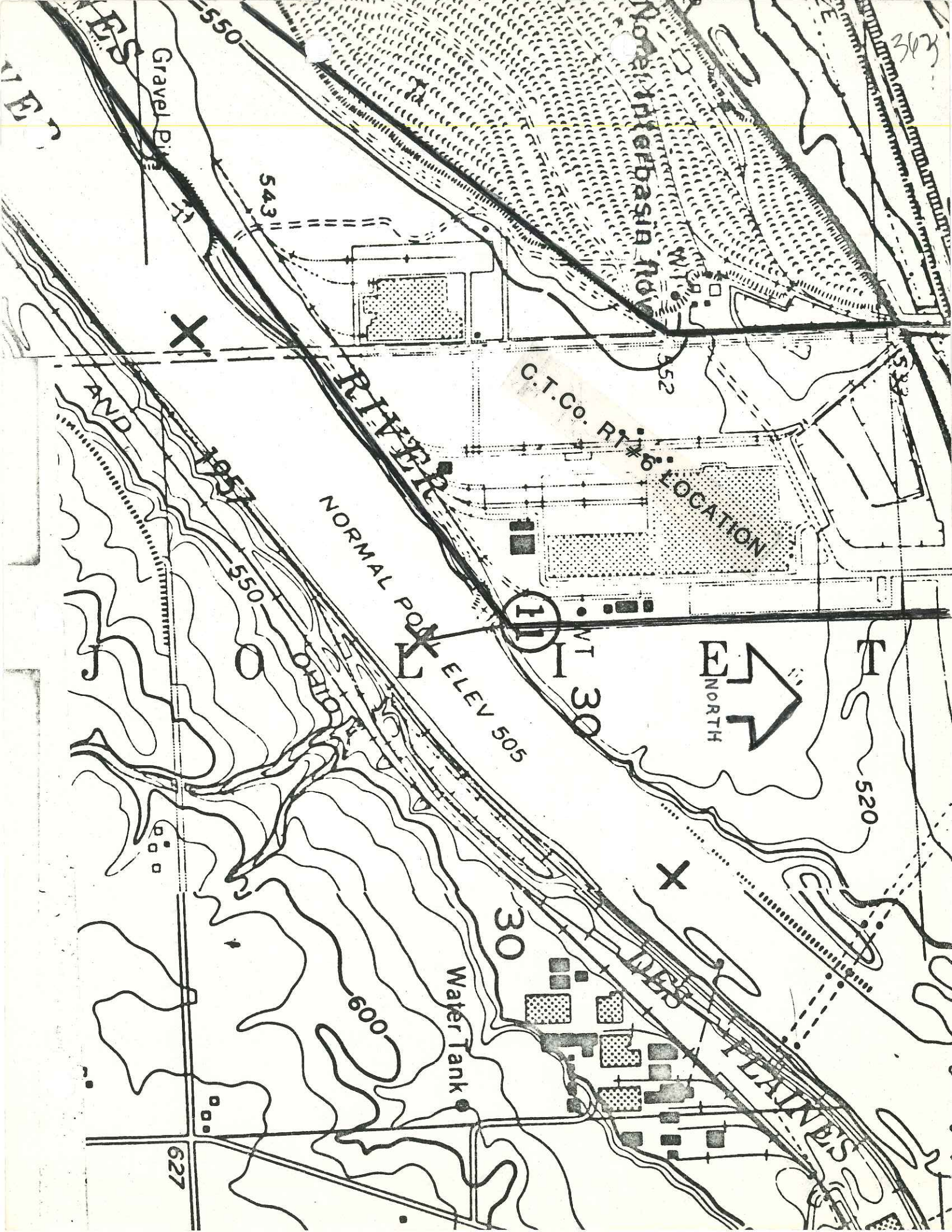
C. DATE SIGNED

DONALD F. DOMNICK, VICE PRESIDENT

Donald F. Domnick

10/31/80









343

PERMIT No. IL 000 1732

1. See other side.
2. Total discharges under said permit - one.
4. Permittee: Caterpillar Tractor Co.  
Joliet Plant

Name of Discharge: 18" AAO Sewer

5. Type of Discharge: Industrial.

6. Effluent sampling location

Prior to April 1978 - Bldg. V

After April 1978 - Bldg. VV Flow Distribution Bay

7. Influent sampling location: None

8. Frequency of Discharge:

Prior to April 1978 - Batch

After April 1978 - Continuous

9. Latitude 41 29 05

Longitude 88 08 03

10. Location:

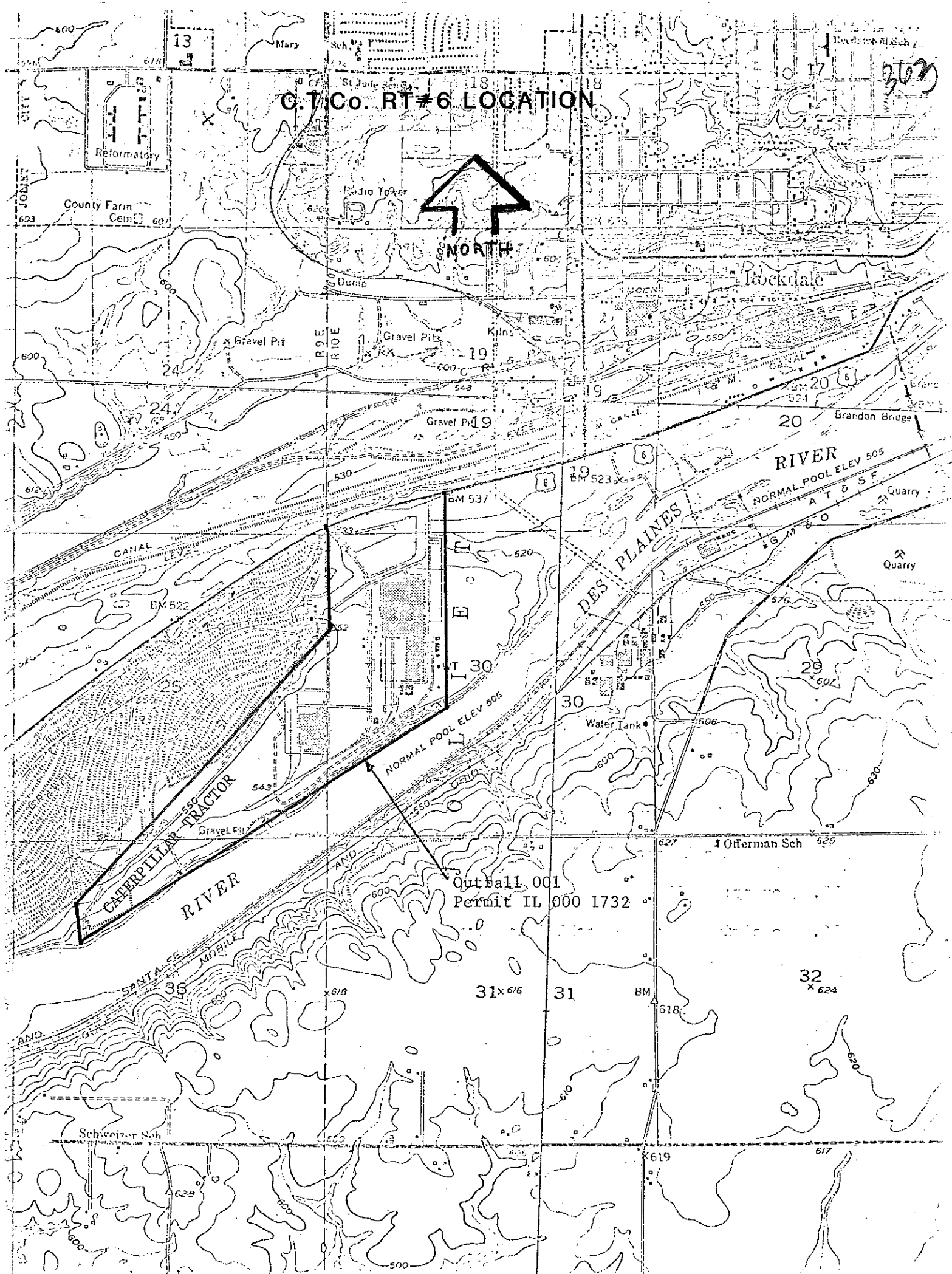
SW 1/4 Section 30 Township 35 North

Range 10 east 3rd PM

11. County: Will

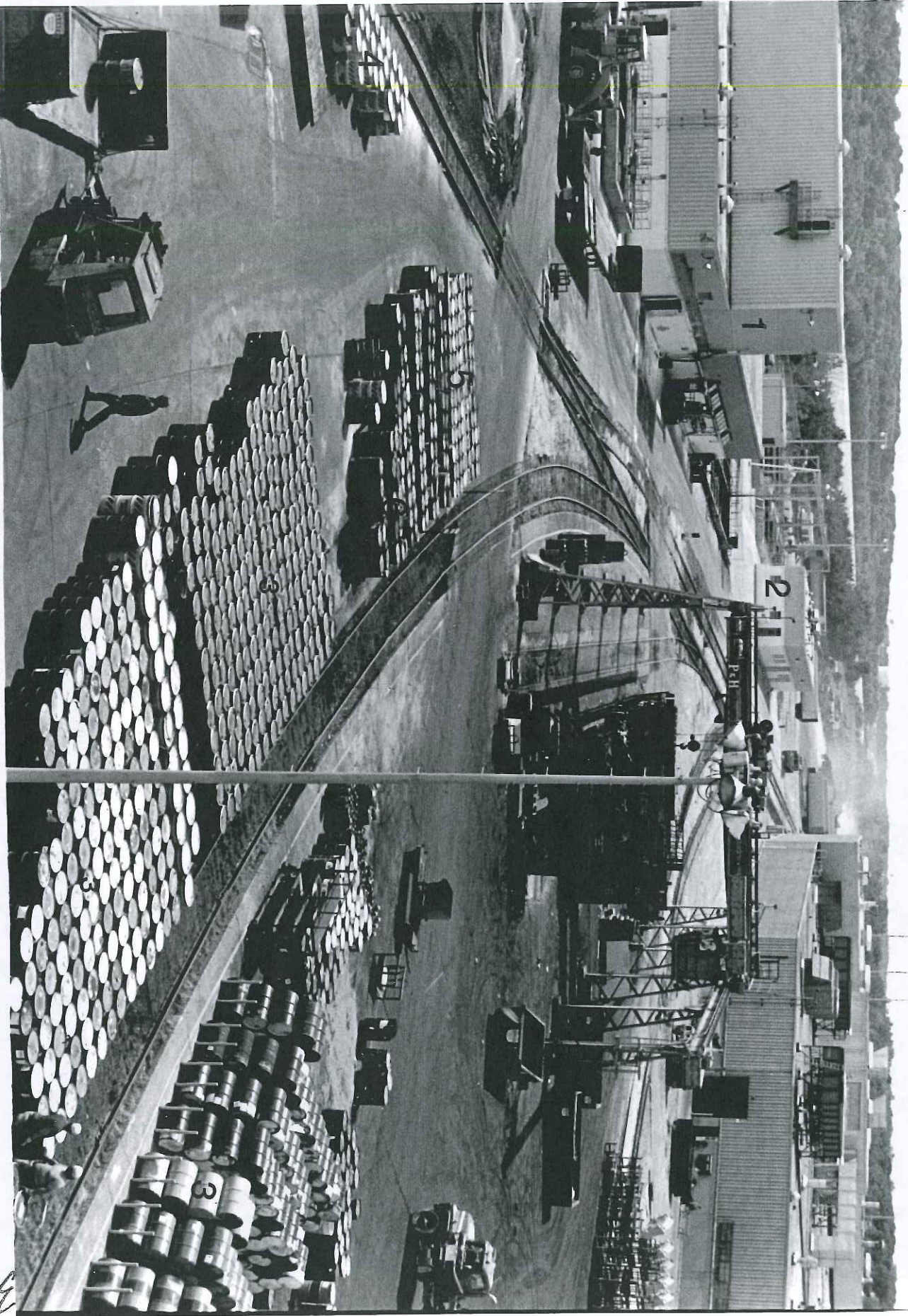
12. Receiving stream - DesPlaines River

C.T. Co. RT#6 LOCATION





# C.T.Co. T#6 LOCATION



1-BLDG V

2-BLDG VV

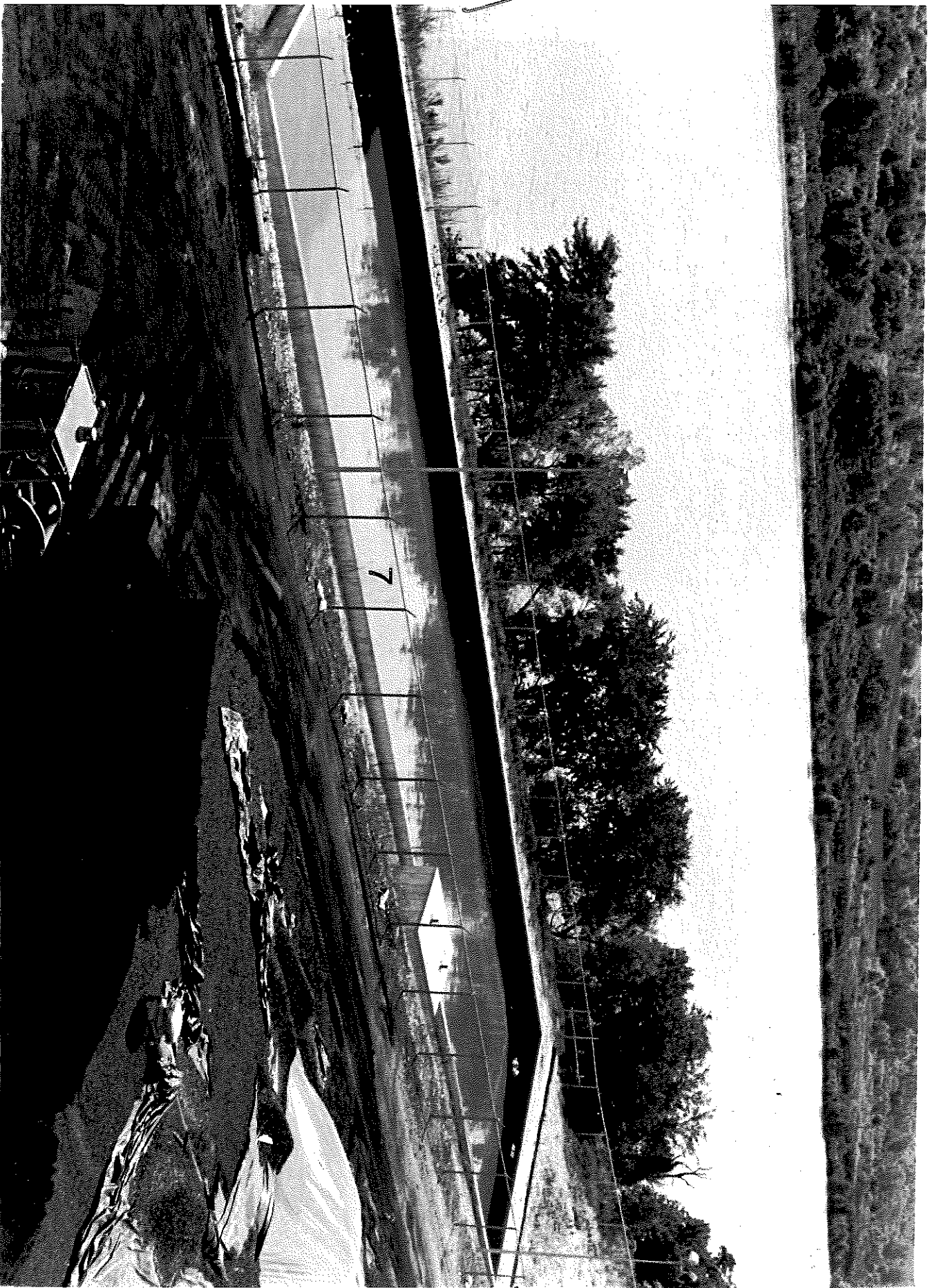
3-EMPTY BRLS

4-CROMIC ACID

5-SOLVENTS

6 NON-HAZARDOUS

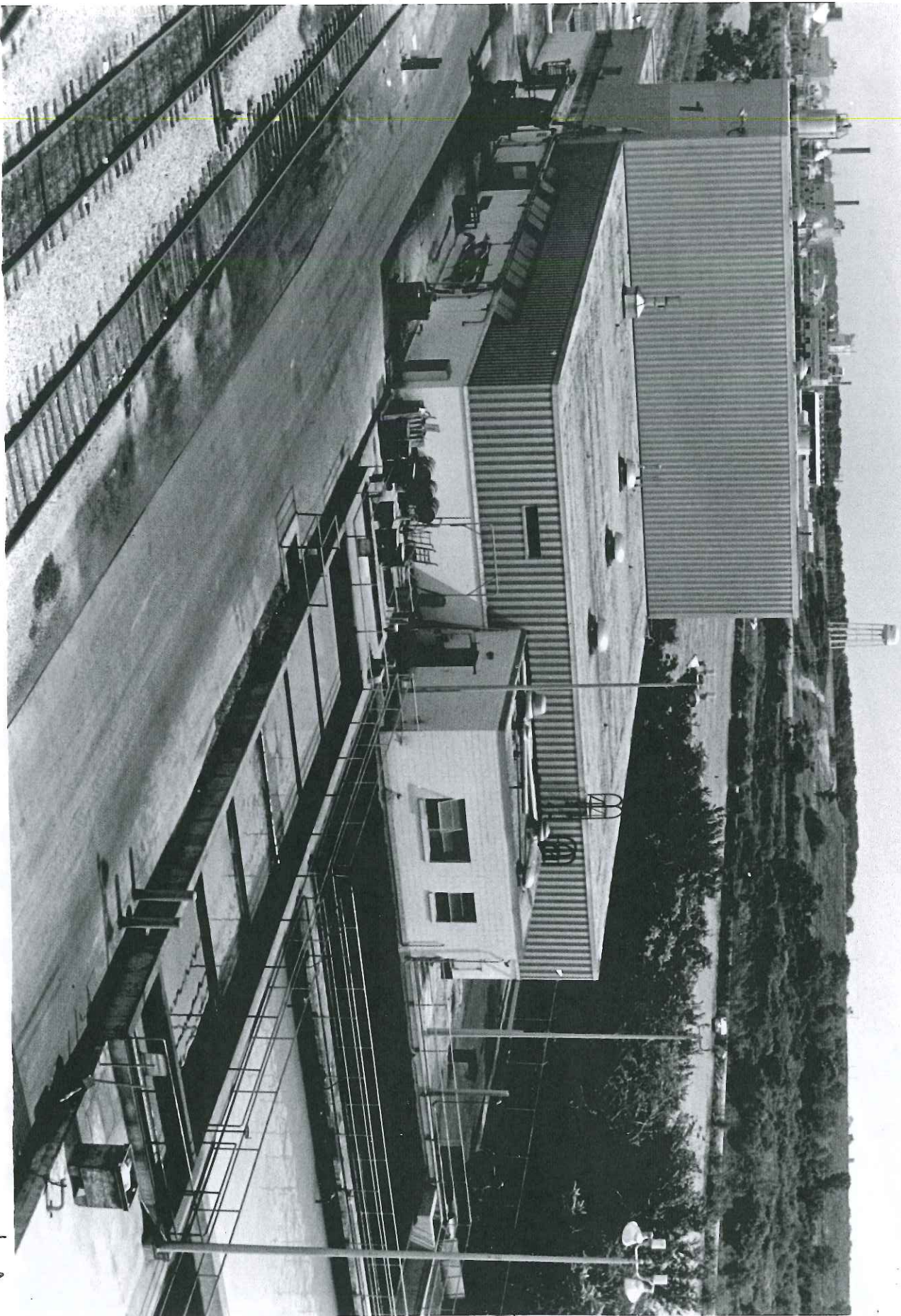




7-HOLDING TANK

3402

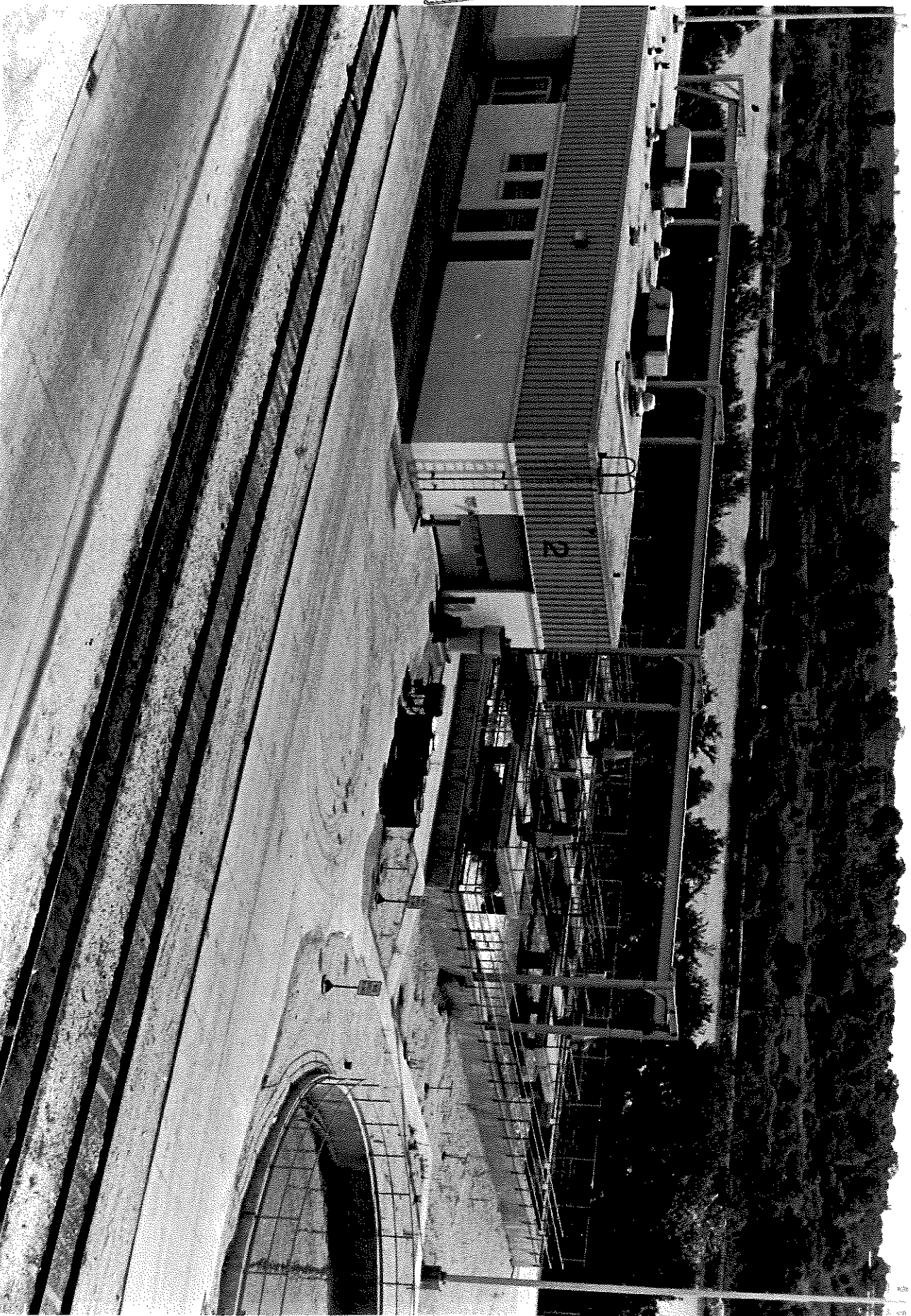




1-BLDG-V

363





2-BLDG-VV

606



Mary A. Gade, Director

2200 Churchill Road, Springfield, IL 62794-9276

217/524-3300

December 8, 1994

Caterpillar, Inc.  
Attn: Mr. Gary Kantner  
Post Office Box 504  
Joliet, IL 60434-0504

Re: 1970450028 -- Will County  
Caterpillar, Inc.  
ILD005070537  
RCRA Log Number: C-512  
Date Received: September 28, 1994  
RCRA - Closure

Dear Mr. Kantner:

This letter is in response to the certification of closure submitted by Caterpillar, Inc. for the hazardous waste container storage unit at the above referenced facility. This certification, signed by a representative of the owner/operator, Robert R. Macier, Business Unit Manager, and an independent registered professional engineer, Timothy C. Dull, P.E., indicated that the subject hazardous waste management unit had been closed in accordance with the plan approved by the Agency on December 21, 1989, and subsequent modifications.

The subject hazardous waste management unit was inspected by a representative of this Agency on November 3, 1994. The inspection revealed that the unit was closed in accordance with the approved closure plan. In addition, a review of the closure certification and accompanying closure documentation report also indicates that the unit was closed in accordance with the approved closure plan. Therefore, the Agency has determined that closure of the hazardous waste container storage area at the above-referenced facility has apparently met the requirements of 35 IAC Part 725.

As a result of completing closure of the subject hazardous waste management unit:

1. The Agency has withdrawn the RCRA Part A application for the above-referenced facility.
2. This facility must continue to meet the requirements of 35 IAC 722: Standards Applicable to Generators of Hazardous Waste and 35 IAC 728: Land Disposal Restrictions.
3. Caterpillar is hereby relieved from 35 Ill Adm Code 725 Subpart H Financial Requirements at this site, which apparently consisted of financial assurance and liability coverage under the Caterpillar, Inc. Corporate Financial Test, Alternative II for \$287,000 and \$2,000,000 respectively. Caterpillar's corporate anniversary is



December 31, 1994. The next updated financial instruments will be due March 31, 1995 and should incorporate this change at that time. It must be noted that Caterpillar must maintain liability coverage for its other facilities in Illinois still subject to 35 IAC Part 725.

Should you have any questions regarding this matter, please contact Michael A. Heaton at 217/524-3312.

Sincerely,



Harry A. Chappel, P.E.  
Hazardous Waste Branch Manager  
Permit Section, Bureau of Land

HAC:mah  
SKM

cc: USEPA Region V -- George Hamper  
Paul Sklar -- Woodward-Clyde Consultants (Milwaukee, WI)  
Timothy Dull, P.E. -- Woodward-Clyde Consultants  
(Chicago, IL)

bcc: Bureau File  
Maywood Region  
Jim Moore  
Mike Heaton  
Andy Vollmer #24  
Sue Doubet #24  
Jim Mergen #24  
Todd Marvel  
Hope Wright



217/782-6761

Refer to: 1970450028 -- Hill County  
Caterpillar, Inc.  
ILED005070537  
Compliance File

May 5, 1989

Caterpillar, Inc.  
Attn: D. Brenden, Attorney  
100 N.E. Adams Street  
Peoria, Illinois 61629-7310

Dear Mr. Brenden:

This is to inform you that your financial assurance instruments for the years 1985, 1986, 1987, and 1988 are in order.

Also, as a reminder, your updated instrument(s) for the year ending December 31, 1989, will be due by March 31, 1990.

If you have any questions or if we can be of assistance, please do not hesitate to contact Andrew A. Vollmer at 217/782-6762.

Sincerely,

*Angela Aye Tin*  
Angela Aye Tin, Manager  
Technical Compliance Unit  
Compliance Section  
Division of Land Pollution Control

AAT:BW:jab/1648k/48

cc: Division File  
Maywood Region  
Brian White  
Andy Vollmer  
Mary Murphy - USEPA





5HR-12

19 JAN 1989

Ms. Nancy Rantner  
Caterpillar Tractor Company  
Route 6 and Channahon Road  
Joliet, Illinois 60434

Re: Land Disposal Restrictions  
Caterpillar Tractor Company  
ILD 005 070 537

Dear Ms. Rantner:

On November 7, 1988, the Illinois Environmental Protection Agency (IEPA), representing the U.S. Environmental Protection Agency, conducted a Resource Conservation and Recovery Act (RCRA) inspection of the above-referenced facility. The purpose of the inspection was to determine the facility's compliance with the applicable hazardous waste management requirements of RCRA, including the Federal land disposal restrictions. The land disposal restrictions for F001-F005 spent solvents became effective on November 8, 1986, (40 CFR Part 268 and revisions to 40 CFR Parts 260-265 and 270-271) and for "California List" hazardous wastes on July 8, 1987, (52 Federal Register 25760: revisions to 40 CFR Parts 262, 264, 265, 268, and 270-271).

With respect to the land disposal restrictions section of the inspection, your facility was found to be in compliance with the requirements. A copy of the inspection report is enclosed for your records.

If you have any questions regarding this correspondence, please contact Ronald Brown of my staff at (312) 886-6433.

Sincerely yours,

Paul E. Dimock, Chief  
IL/MI/WI Enforcement Program Section

Enclosure

cc: Harry Chappel, IEPA  
Glen Savage, IEPA

PB  
1-19-89

RCRA ENFORCE- MENT	REB STAFF	REB SECTION CHIEF	REB CHIEF
INIT. DATE	Lcm 1/18/89	P.E.D. 1-19-89	



u/l 12-9-88 F.O.S.

RCRA LAND DISPOSAL RESTRICTION INSPECTION

Facility: CATERPILLAR Tractor Co. (CATERPILLAR INC.)  
U.S. EPA I.D. No.: ILD005070537 (IL-EPA #1970450028)  
Street: Rt. 6 & Channahon Rd.  
City: Joliet State: IL Zip Code: 60434  
Telephone: (815) 729-5721  
Operator: CATERPILLAR INC.  
Street: Rt. 6 & Channahon Rd.  
City: Joliet State: IL Zip Code: 60434  
Telephone: (815) 729-5721  
Owner: CATERPILLAR INC.  
Street: 100 N. ADAMS ST.  
City: PEORIA State: IL Zip Code: 61629-3315  
Telephone: (309) 675-5541  
Inspection Date: 11/7/88 Time: 10 - 45 Weather Conditions: Dry 35°F

	<u>Name</u>	<u>Affiliation</u>	<u>Telephone</u>
Inspectors:	<u>DARREN BRUMFIELD</u>	<u>IEPA</u>	<u>(312) 345-9780</u>

Facility Representatives: Nancy Kantner  
Barry Kantner

	<u>RCRA Status</u>	<u>F-Solvent</u>	<u>LDR Status</u> <u>California List</u>
Generator	<u>✓</u>	<u>✓</u>	<u>✓</u>
Transporter	<u>      </u>	<u>      </u>	<u>      </u>
Treater	<u>      </u>	<u>      </u>	<u>      </u>
Storer	<u>✓</u>	<u>✓</u>	<u>      </u>
Disposer	<u>      </u>	<u>      </u>	<u>      </u>

RECEIVED  
NOV 28 1988  
IEPA/DLPC

Wastes shipped to:

TSD NAME LOCATION EPA ID NO.	TYPE OF FACILITY T/D METHODS	WASTE CODE	WASTE QUANTITY	COMMENTS (shipment dates, waste descriptions, etc.)
Safety KLEEN in Kentucky KYD053348108	Reclaiming! Fuel Blending	F003 F005	1210 gals	6-22-88, Liquid WASTE paint
Safety KLEEN in Kentucky KYD053348108	Reclaiming! Fuel blending	F003 F005	110 gals	Xylol Paint Thinner Shipped 6-28-88, Liquid
N/A	→	F001	550 gals	1,1,1-Trichloroethane no shipment off-site yet. This waste is still on-site (since 2/88)



## INSPECTION SUMMARY

Caterpillar, Inc. manufactures parts for other machine products which are assembled elsewhere. The facility's F-ban waste generating process is the paint booth area.

### F-SOLVENT WASTE GENERATED

1. Xylo1 Paint Thinner (D001, F003 & F005)
  - Generated from paint booth maintenance.
  - Rate of generation is 1200 gallons per year.
  - One drum was on-site.
2. Waste Paint (D001, F003 & F005)
  - Generated from all paint booths.
  - Rate of generation is 550 gallons per year.
  - One drum was on-site.
3. 1,1,1 - Trichloroethane (F001)
  - Generated from maintenance shop.
  - This waste has only been on-site since 2/88. This waste has no regular rate of generation and is no longer being generated.
  - No shipments have been made yet.
  - There are 15-drums on-site waiting for shipment.

### HAZARDOUS WASTE UNIT

S01-Container Storage: This <sup>unit</sup> is still active. All waste are stored here before off-site shipment. However, Caterpillar is planning to close this unit and retain a generator status.

#### Note:

1. Caterpillar had one load of F006 waste (manifest #1994909) rejected by Envirite due to odor problems. The load was returned to Caterpillar and later shipped to CID in Calumet City.

No apparent F-ban violations were noted during the inspection and the site appeared to be in general compliance.

**RCRA LAND DISPOSAL RESTRICTION INSPECTION  
APPLICABILITY CHECKLIST**

Does the facility handle the following wastes?

	Gen.	Treat	Store	Disp.	Trans.
<b>A. <u>F-Solvent Wastes</u></b>					
1. F001	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. F002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. F003	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. F004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. F005	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Use Appendix A to determine whether the facility is misclassifying any of its wastes.

**B. California List Wastes**

1. Liquid hazardous waste (including free liquids associated with any solid or sludge) that contains the following metals at concentrations greater than or equal to those specified

	Gen.	Treat	Store	Disp.	Trans.
Arsenic 500 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cadmium 100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chromium VI 500 mg/L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead 500 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mercury 20 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nickel 134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selenium 100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thallium 130 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2. Liquid hazardous waste (including free liquids associated with any solid or sludge) that contains free cyanides at concentrations greater than or equal to 1,000 mg/L

N/A

Gen.	Treat	Store	Disp.	Trans.
_____	_____	_____	_____	_____

3. Liquid hazardous waste that has a pH of less than or equal to 2.0

Chemic Acid  
Sludge

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

4. Liquid hazardous waste that contains PCBs at concentrations greater than or equal to

50 ppm

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

500 ppm

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

Does the facility mix liquid hazardous waste that contains PCBs with other types of wastes?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ NA

If yes, state reasons for mixing:

---



---

5. Liquid hazardous waste that is primarily water and that contains HOCs greater than or equal to 1,000 mg/L (dilute HOC wastewater) and less than 10,000 mg/L

N/A

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

Note: The prohibitions of 268.32(a)(3) and (e) do not apply if the HOC waste is also subject to the solvent restrictions of 268 Subpart C or a specific HOC.

## RCRA LAND DISPOSAL RESTRICTION INSPECTION

## GENERATOR CHECKLIST

## GENERATOR REQUIREMENTS

A. BDAT Treatability Group - Treatment Standards Identification

1. F-Solvent Wastes: Does the generator correctly determine the appropriate treatability group of the waste?

☒ Yes ☐ No ☐ NA

If yes, check the appropriate treatability group.

- ☐ Wastewaters containing solvents (less than or equal to 1% TOC by weight)  
☐ Pharmaceutical wastewater containing spent methylene chloride  
☒ All other spent solvent wastes

2. California List Wastes: Does the generator correctly determine the appropriate treatment standard of the waste?

- a. For liquid hazardous waste that contains PCBs at concentrations greater than or equal to 50 but less 500 ppm, is the treatment in accordance with existing TSCA thermal treatment regulations for burning in high efficiency boilers (40 CFR 761.60) or incineration (40 CFR 761.70)?

☐ Yes ☐ No ☒ NA

If yes, specify the method: \_\_\_\_\_

- b. For liquid hazardous waste that contains PCBs at concentrations greater than or equal to 500 ppm, is the waste incinerated or disposed of by other approved alternate methods (40 CFR 761.60 (e))?

☒ Yes ☐ No ☐ NA

If yes, specify the method and state whether the facility has submitted a written request to the Regional Administrator or Assistant Administrator for an exemption from the incineration requirement:

The facility is requiring that the waste  
be incinerated. No request submitted.



B. Waste Analysis

## 1. F-Solvent Wastes

- a. Does the generator determine whether the F-solvent waste exceeds treatment standards?

☒ Yes      ☐ No      ☐ NA

How was this determination made?

- Knowledge of waste

☒ Yes      ☐ No

If yes, note how this is adequate: \_\_\_\_\_

- TCLP

☒ Yes      ☐ No

If yes, provide the date of last test, the frequency of testing, and note any problems. Attach test results.

ANALYSIS ARE ATTACHED

- b. Does the F-solvent waste exceed applicable treatability group treatment standards upon generation [268.7(a)(2)]?

☒ Yes      ☐ No      ☐ NA

If yes, specify the waste stream: F001, F003, F005

- c. Does the generator dilute the F-solvent waste as a substitute for adequate treatment [268.3]?

☐ Yes      ☐ No      ☒ NA

- d. How does the generator test F-solvent waste when a process or waste stream changes?

NO PROCESS CHANGES OR WASTE  
STREAM CHANGES

## 2. California List Wastes

- a. Does the generator determine whether the waste is a liquid according to the Paint Filter Liquids Test (PFLT method 9095) as described by SW-846?

☒ Yes      ☐ No      ☐ NA



3158 S. KOLIN AVENUE  
CHICAGO, ILL. 60623  
(312) 254-2406

*Scientific*  
**CONTROL LABORATORIES, INC.**  
TESTING • RESEARCH • CONSULTING

**REPORT TO:** Caterpillar Tractor Company  
Route 6  
Joliet, IL 60434

**ATTENTION:** Ms. Nancy Kantner

**ORDER NO.:** JBJE-04690

**REPORT NO.:** 3-305

**SPECIFICATION NO.:**

**RECEIVED:** 5-15-86

**TYPE TEST:** Waste Analysis

**REPORTED:** 5-30-86

IDENTIFICATION OF MATERIAL:

One (1) Waste sample - picked up by our laboratory personnel, identified as: #049 - Xylol With Paint (Waste Paint Thinner) Rt. 6 dated 5-06-86 @ 10:30 AM.

PURPOSE:

The purpose of the testing is to determine if the submitted sample is hazardous as per 40 CFR, Part 261, Appendix II.

I. TOXICITY:

PROCEDURE:

The sample was leached and analyzed in accordance with the procedure specified in 40 CFR, Part 261, Appendix II.

RESULTS:

<u>Parameter</u>	<u>EPA Hazardous Waste Number</u>	<u>Maximum Allowable Concentration (mg/l)</u>	<u>Analysis (mg/l)</u>
Arsenic	D004	5.0	*1.0
Barium	D005	100.	*1.0
Cadmium	D006	1.0	*0.1
Chromium	D007	5.0	*0.1
Hexavalent Chromium	D007	5.0	*0.1
Lead	D008	5.0	*0.1
Mercury	D009	0.2	*0.01
Selenium	D010	1.0	*1.0
Silver	D011	5.0	*0.1
Nickel	----	20.0	*0.1

\*Denotes "less than" (below detectable limit of procedure used).



Caterpillar Tractor Company  
Page two

Lab. No. 3-305  
May 30, 1986

II. IGNITABILITY - (D001):

PROCEDURE:

The Flash Point was determined in accordance with ASTM D-93-79.

RESULTS:

Flash Point (Closed Cup) 64 °F Minimum Allowable 140°F

III. CORROSIVITY - (D002):

PROCEDURE:

If the pH of the sample is less than or equal to 2.0 or greater or equal to 12.5, the corrosivity (ie; Total Acidity/Total Alkalinity) is determined in accordance with "Test Methods for the Evaluation of Solid Waste, Physical/Chemical Methods SW846 USEPA".

RESULTS:

pH (10% by wt) 7.09  
Total Acid/Total Alkaline (if necessary) (mg/l CaCO<sub>3</sub>) Not Applicable.

IV. REACTIVITY - (D003):

PROCEDURE:

The sample was analyzed in accordance with "Test Methods for the Evaluation of Solid Waste, Physical/Chemical Methods SW846 USEPA".

RESULTS:

<u>Parameter</u>	<u>Concentration in ppm</u>
Total Cyanide	<u>*10.</u>
Sulfide	<u>*2.0</u>
Phenol	<u>7.8</u>

This waste would be considered hazardous based on: Ignitability

\*Denotes "less than" (below detectable limit of procedure used).

FA:lls  
2c

Respectfully submitted,  
SCIENTIFIC CONTROL LABORATORIES, INC.  
By Frank Altmayer



# PENT WATER LS/WASTE PRODUCTS QUALIFICATION

OFFICE  
USE ONLY

**McKesson**

McKesson Envirosystems Co.  
127 West Berry St., 200 Commerce Building, Fort Wayne, IN 46802 Tel 219 424-1940

8188

- ☐ McKesson Envirosystems Laboratory  
 State Highway 146  
 New Castle, KY 40050
- ☐ McKesson Envirosystems of Puerto Rico Laboratory  
 KM 51, Highway 2  
 Manati, PR 00701
- ☒ McKesson Envirosystems Laboratory  
 633 East 138th Street  
 Dolton, IL 60419

COMPANY CATERPILLAR INC.			CUSTOMER SAMPLE NO.		SURVEY CONTROL NO. 5429	
BILLING ADDRESS STREET DISBURSEMENTS DIVISION LD 135			SAMPLE COLLECTION DATE		SAMPLE RECEIPT DATE 9-22-86	
CITY EAST PEORIA		STATE IL	ZIP 61630	WASTE DESCRIPTION XYLENE/PAINT WASTE		

<input type="checkbox"/> TCD <input type="checkbox"/> FID Volatile Organics (Relative Area Per Cent)		pH (direct/extracted) 4-5 Solids (centrifuged) _____ % vol. Water (total) 2.64 % wt. Viscosity _____ cp Specific Gravity 0.860 GM/ML PCBs _____ ppm Nonvolatile Residue 20.77 % wt. Flash Point (closed cup) _____ °F		<b>Metals</b> Pb _____ ppm Cr _____ ppm Zn _____ ppm Fe _____ ppm Ti _____ ppm _____ ppm _____ ppm _____ ppm _____ ppm _____ ppm	
METHANOL 4.3 % ISOPROPYL ALCOHOL 0.1 % METHYL ETHYL KETONE 0.2 % BUTANOL 17.5 % METHYL ISOBUTYL KETONE 9.5 % TOLUENE 14.2 % CELLOSOLV ACETATE 0.5 % BUTYL CELLOSOLV 13.6 % XYLENE 10.6 % MINERAL SPIRITS 29.1 % _____ % _____ % _____ % _____ % _____ % _____ % Total 100.0 %		Fuel Value <input type="checkbox"/> Waste <input type="checkbox"/> Distillation Bottoms Heat Content 15,700 BTU/lb. Total Halogen (titration) 0.3 % wt. as Cl Ash (from bomb) 9.2 % wt. Phase Information: _____ _____ Recovery (distillation) _____ % wt. Recovery (calculated) _____ % wt. Additional Analytical Information: _____ _____ _____ _____		<b>Inorganics</b> Cl _____ % wt. Br _____ % wt. F _____ % wt. S _____ % wt. P _____ % wt. _____ % wt. _____ % wt. _____ % wt.	
Volatile Organics (Wt. Per Cent) _____ % _____ % _____ %					

Determinations reported above were chosen based on the sample matrix and potential recycling/disposition options for the waste.

DB / RP 10-9-86 10-14-86  
 Chemist Signature Completion Date Plant Approval Date

## CORPORATE REVIEW

Environmental 10/2/86 Health and Safety 10/2/86 Transportation 10/2/86 Quality Control 10/2/86

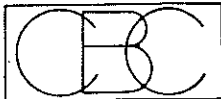
McKesson hereby warrants that the waste stream represented by the Survey and sample submitted is acceptable at the facility(s) checked below and that said facility(s) has/have the appropriate permit(s) and can accept this waste as long as all hazards associated with the waste have been fairly disclosed on the Survey and the composition of the waste does not change so as to render the attached Survey and sample submitted to McKesson Envirosystems nonrepresentative.

Please note this approval no. on all shipment manifests.

Signature: Phil Downy Date: 10-22-86 Approval No.: 8188

- ☒ New Castle, KY. KYD053348108  
☒ Dolton, IL ILD980613913  
☐ Manati, PR PRD090399718  
☐ \_\_\_\_\_





# ENVIRONMENTAL SERVICES

CHEM-BIO CORPORATION

140 EAST RYAN ROAD OAK CREEK, WI 53154-4599 (414) 764-7005

05/09/88

LABORATORY REPORT

PAGE 1

C490 8421074 B42

KP/\* / / /

CATERPILLAR, INC., JOLIET PLANT  
RT 6-CHANNAHON ROAD P. O. BOX 504  
JOLIET , IL 60434  
ATTN: NANCY KANTNER

SAMPLE 88049-C06652 1-1-1 TRICHLOROETHANE / 88-3

DATE COLLECTED 02/16/88 DATE RECEIVED 02/18/88

TEST NAME	RESULT	UNITS
HEXACHLOROETHANE - TCLP	<0.10	MG/L
TOXAPHENE - TCLP	N/T	MG/L
SAMPLE NOT AMENABLE TO TEST		
ARSENIC - TCLP	0.004	MG/L
BARIUM - TCLP	1.1	MG/L
CADMIUM - TCLP	0.5	MG/L
CHROMIUM - TCLP	0.3	MG/L
LEAD - TCLP	3.6	MG/L
MERCURY - TCLP	<0.01	MG/L
SELENIUM - TCLP	<0.002	MG/L
SILVER - TCLP	<0.1	MG/L
ACRYLONITRILE - TCLP	<0.10	MG/L
CARBON DISULFIDE - TCLP	<0.10	MG/L
2-METHYLPHENOL - TCLP	<0.25	MG/L
3-METHYLPHENOL - TCLP	<0.25	MG/L
4-METHYLPHENOL - TCLP	<0.25	MG/L
ISOBUTANOL - TCLP	<0.10	MG/L
METHYL ETHYL KETONE - TCLP	<0.10	MG/L
PYRIDINE - TCLP	<0.25	MG/L
2,3,4,6-TETRACHLOROPHENOL-	<0.25	MG/L
BENZENE - TCLP	5.1	MG/L
CARBON TETRACHLORIDE - TCLP	<310	MG/L
CHLOROFORM - TCLP	<310	MG/L
1,2 DICHLOROETHANE - TCLP	<310	MG/L
1,1 DICHLOROETHYLENE - TCLP	<310	MG/L
1,1,1,2 TETRACHLOROETHANE-TCLP	<310	MG/L
1,1,2,2 TETRACHLOROETHANE-TCLP	<310	MG/L
TETRACHLOROETHYLENE - TCLP	<310	MG/L
TOLUENE - TCLP	0.19	MG/L
CHLOROBENZENE - TCLP	<310	MG/L
BIS (2-CHLOROETHYL) ETHER-	<0.10	MG/L
1,4-DICHLOROBENZENE - TCLP	<0.10	MG/L
2,4-DINITROTOLUENE - TCLP	<0.10	MG/L
TRICHLOROBENZENE - TCLP	<0.10	MG/L

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR CLIENT SERVICE DEPARTMENT. FAX # 414-764-0486  
ANY REMAINING WASTE SAMPLES WILL BE RETURNED TO THE ADDRESS LISTED ABOVE 6 WEEKS FROM THE  
RECEIVING DATE OF SAMPLE. WI DNR LAB CERTIFICATION #241283020/A.I.H.A. ACCREDITED.

! = REPRINT  
FAX #414-764-0486

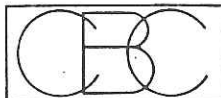
N/T = NOT TESTED

N/A = NOT APPLICABLE

APPROVAL

WI DNR LAB CERTIFICATION #241283020

(800) 592-5900 DT332



# ENVIRONMENTAL SERVICES

CHEM-BIO CORPORATION

140 EAST RYAN ROAD OAK CREEK, WI 53154-4599 (414) 764-7005

05/09/88

LABORATORY REPORT

PAGE 2

C490 8421074 B42

KP/\* / / /

CATERPILLAR, INC., JOLIET PLANT  
RT 6-CHANNAHON ROAD P. O. BOX 504  
JOLIET, IL 60434  
ATTN: NANCY KANTNER

SAMPLE 88049-C06652 1-1-1 TRICHLOROETHANE / 88-3

DATE COLLECTED 02/16/88 DATE RECEIVED 02/18/88

TEST NAME	RESULT	UNITS
HEXACHLOROBUTADIENE - TCLP	<0.10	MG/L
NITROBENZENE - TCLP	<0.10	MG/L
PENTACHLOROPHENOL - TCLP	<0.25	MG/L
PHENOL - TCLP	<0.25	MG/L
CHLORDANE - TCLP	N/T	MG/L
SAMPLE NOT AMENABLE TO TEST		
ENDRIN - TCLP	N/T	MG/L
HEPTACHLOR - TCLP	N/T	MG/L
HEPTACHLOR EPOXIDE - TCLP	N/T	MG/L
LINDANE - TCLP	N/T	MG/L
METHOXYCHLOR - TCLP	N/T	MG/L
2,4-D - TCLP	N/T	MG/L
SAMPLE NOT AMENABLE TO TEST		
BARIUM - TOTAL	1.4	PPM
CADMIUM - TOTAL	0.4	PPM
CHROMIUM - TOTAL	0.5	PPM
LEAD - TOTAL	2.7	PPM
SILVER - TOTAL	<0.1	PPM
ARSENIC - TOTAL	0.038	PPM
SELENIUM - TOTAL	0.049	PPM
MERCURY - TOTAL	<0.01	PPM
TOTAL ORGANIC CARBON	33000	PPM
% CHLORINE	60	%
COLOR	BROWN	
AIR REACTIVITY		PPM
	NEGATIVE	
WATER REACTIVITY		PPM
	NEGATIVE	
PHYSICAL CHARACTERISTICS	LIQUID	
FREE LIQUIDS	99	%
EXTRACTABLE ORGANIC HALIDE	570000	PPM

METHODS FOR CHEMICAL ANALYSIS OF WATER AND WASTES, 1979, EPA-600/4-79-020.

TEST METHODS FOR EVALUATING SOLID WASTE, PHYSICAL/CHEMICAL METHODS, 1982, EPA SW846.

ANNUAL BOOKS OF ASTM STANDARDS, 1982.

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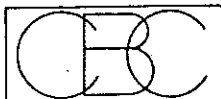
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APPROVAL *GCE*

WI DNR LAB CERTIFICATION #241283020

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# ENVIRONMENTAL SERVICES

CHEM-BIO CORPORATION

140 EAST RYAN ROAD OAK CREEK, WI 53154-4599 (414) 764-7005

05/09/88

LABORATORY REPORT

PAGE 3

C490 8421074 B42

KP/\* / /

CATERPILLAR, INC., JOLIET PLANT  
RT 6-CHANNAHON ROAD P. O. BOX 504  
JOLIET, IL 60434  
ATTN: NANCY KANTNER

SAMPLE 88049-C06652 1-1-1 TRICHLOROETHANE / 88-3

DATE COLLECTED 02/16/88 DATE RECEIVED 02/18/88

TEST NAME	RESULT	UNITS
ACID REACTIVITY		PPM
	NEGATIVE	
BASE REACTIVITY		PPM
	NEGATIVE	
ACIDITY, AS CaCO <sub>3</sub>	6000	PPM
ALKALINITY TOTAL, AS CaCO <sub>3</sub>	2000	PPM
FLASH POINT (FAHRENHEIT)	>210	DEG. F
PH (UNITS)	7.4	
	PH DONE ON 10% SOLUTION.	
SPECIFIC GRAVITY	1.3	G/ML
TOTAL SOLIDS	6.8	%
PHENOLICS	1.6	PPM
TOTAL CYANIDE	<10	PPM
REACTIVE CYANIDE	<10	PPM
TOTAL SULFIDE	<2	PPM
REACTIVE SULFIDE	<1.0	PPM
LOAD BEARING (PENETROMETER)	<0.5	TON/SQF
PCB'S - SOLIDS, OIL, WASTE	25	PPM

AROCHLOR 1260/TCLP PARAMETERS RUN ON NON-EXTRACTED SAMPLE DUE TO ABSENCE OF SOLIDS

METHODS FOR CHEMICAL ANALYSIS OF WATER AND WASTES, 1979, EPA-600/4-79-020.

TEST METHODS FOR EVALUATING SOLID WASTE, PHYSICAL/CHEMICAL METHODS, 1982, EPA SW846.

METHODS 601-612, FEDERAL REGISTER, VOL. 44, NO. 233.

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FAX #414-764-0486

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# CBC ENVIRONMENTAL SERVICES

10/22/87

LABORATORY REPORT

PAGE 1

C490 8417008 W43

CATERPILLAR, INC., JOLIET PLANT  
RT 6 BOX 504  
JOLIET, IL 60434  
ATTN: NANCY KANTNER

SAMPLE 87224-C06481 WASTE PAINT  
DATE COLLECTED 08/11/87 DATE RECEIVED 08/12/87

TEST NAME	RESULT	UNITS
HEXACHLOROETHANE	<0.035	MG/L
TOXAPHENE	<0.04	MG/L
ARSENIC	<0.001	MG/L
BARIUM	0.14	MG/L
CADMIUM	<0.05	MG/L
CHROMIUM	<0.05	MG/L
LEAD	1.8	MG/L
MERCURY	<0.0002	MG/L
SELENIUM	<0.002	MG/L
SILVER	<0.05	MG/L
ACRYLONITRILE	<1.4	MG/L
CARBON DISULFIDE	<1.4	MG/L
O-CRESOL	<0.025	MG/L
M-CRESOL	<0.025	MG/L
P-CRESOL	<0.025	MG/L
ISOBUTANOL	<1.4	MG/L
METHYL ETHYL KETONE	<1.4	MG/L
PYRIDINE	<1.4	MG/L
2,3,4,6 TETRACHLOROPHENOL	<0.023	MG/L
BENZENE	11	MG/L
CARBON TETRACHLORIDE	<0.001	MG/L
CHLOROFORM	<0.001	MG/L
1,2 DICHLOROETHANE	<0.001	MG/L
1,1 DICHLOROETHYLENE	<0.001	MG/L
1,1,1,2 TETRACHLOROETHANE	<0.001	MG/L
1,1,2,2 TETRACHLOROETHANE	<0.001	MG/L
TETRACHLOROCOLTHYLENE	0.007	MG/L
TOLUENE	4.9	MG/L
CHLOROBENZENE	<0.001	MG/L
BIS (2 CHLOROETHYL) ETHER	<0.01	MG/L
1,4 DICHLOROBENZENE	<0.01	MG/L
2,4 DINITROTOLUENE	<0.01	MG/L
HEXACHLOROBENZENE	<0.01	MG/L
HEXACHLOROBUTADIENE	<0.01	MG/L

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR CLIENT SERVICE DEPARTMENT. FAX # 414-764-0486  
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N/T = NOT TESTED

N/A = NOT APPLICABLE

APPROVAL LEE

CHEM-BIO CORPORATION

140 E. RYAN ROAD

OAK CREEK, WI 53154-4599

(414) 764-7005 (800) 592-5900 DT 332



# CBC ENVIRONMENTAL SERVICES

10/22/87

LABORATORY REPORT

PAGE 2

C490 8417008 W43

CATERPILLAR, INC., JOLIET PLANT  
RT 6 BOX 504  
JOLIET, IL 60434  
ATTN: NANCY KANTNER

SAMPLE 87224-C06481 WASTE PAINT  
DATE COLLECTED 08/11/87 DATE RECEIVED 08/12/87

TEST NAME	RESULT	UNITS
NITROBENZENE	<0.01	MG/L
PENTACHLOROPHENOL	<0.023	MG/L
PHENOL	<0.023	MG/L
CHLORDANE	<0.04	MG/L
ENDRIN	<0.04	MG/L
HEPTACHLOR	<0.04	MG/L
HEPTACHLOR EPOXIDE	<0.04	MG/L
LINDANE	<0.04	MG/L
METHOXYCHLOR	<0.04	MG/L
2,4-D	<2.0	MG/L

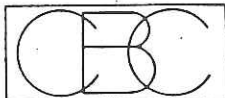
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CHEM-BIO CORPORATION

140 E. RYAN ROAD

OAK CREEK, WI 53154-4599

(414) 764-7005 (800) 592-5900 DT 332



# ENVIRONMENTAL SERVICES

CHEM-BIO CORPORATION

140 EAST RYAN ROAD OAK CREEK, WI 53154-4599 (414) 764-7005

06/08/88

LABORATORY REPORT

PAGE 1

C490 8422597 W29

KP/\* / / /

CATERPILLAR, INC., JOLIET PLANT  
RT 6-CHANNAHON ROAD P. O. BOX 504  
JOLIET, IL 60434  
ATTN: NANCY KANTNER

SAMPLE 88113-C06651 WASTE PAINT 88-18  
DATE COLLECTED 04/19/88 DATE RECEIVED 04/22/88

TEST NAME	RESULT	UNITS	EP TOXICITY	EP LIMIT	HAZ.CODE
BARIUM - TOTAL	14	PPM			
CADMIUM - TOTAL	4.6	PPM	<0.05	MG/L 1.0	
CHROMIUM - TOTAL	13	PPM	<0.05	MG/L 5.0	
LEAD - TOTAL	87	PPM	<0.5	MG/L 5.0	
SILVER - TOTAL	2.5	PPM			
ARSENIC - TOTAL	0.37	PPM			
SELENIUM - TOTAL	<0.020	PPM			
MERCURY - TOTAL	<0.01	PPM			
TOTAL ORGANIC CARBON	N/T	PPM			
TEST NOT APPLICABLE TO SAMPLE TYPE.					
% CHLORINE	0.12	%			
COLOR	YELLOW				
AIR REACTIVITY	NONE	PPM			
WATER REACTIVITY	NONE	PPM			
PHYSICAL CHARACTERISTICS	LIQUID				
FREE LIQUIDS	95	%			
EXTRACTABLE ORGANIC HALIDE	170	PPM			
ACID REACTIVITY	NONE	PPM			
BASE REACTIVITY	NONE	PPM			
ACIDITY, AS CaCO <sub>3</sub>	1600	PPM			
ALKALINITY TOTAL, AS CaCO <sub>3</sub>	900	PPM			
FLASH POINT (FAHRENHEIT)	92	DEG. F		140.0	D001
PH (UNITS)	6.5			2.0-12.5	
PH DONE ON 10% SOLUTION.					
SPECIFIC GRAVITY	1.07	G/ML			
TOTAL SOLIDS	55	%			
PHENOLICS	61	PPM			
TOTAL CYANIDE	<10	PPM			
REACTIVE CYANIDE	<10	PPM			
TOTAL SULFIDE	<2.0	PPM			
REACTIVE SULFIDE	<1.0	PPM			

METHODS FOR CHEMICAL ANALYSIS OF WATER AND WASTES, 1979, EPA-600/4-79-020.

TEST METHODS FOR EVALUATING SOLID WASTE, PHYSICAL/CHEMICAL METHODS, 1982, EPA SW846.

ANNUAL BOOKS OF ASTM STANDARDS, 1982.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR CLIENT SERVICE DEPARTMENT. FAX # 414-764-0486

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N/T = NOT TESTED

N/A = NOT APPLICABLE

APPROVAL

(800) 592-5900 DT332

FAX #414-764-0486

WI DNR LAB CERTIFICATION #241283020



# ENVIRONMENTAL SERVICES

CHEM-BIO CORPORATION

140 EAST RYAN ROAD OAK CREEK, WI 53154-4599 (414) 764-7005

06/08/88

LABORATORY REPORT

PAGE 2

C490 8422597 W29  
KP/\* / /

CATERPILLAR, INC., JOLIET PLANT  
RT 6-CHANNAHON ROAD P. O. BOX 504  
JOLIET, IL 60434  
ATTN: NANCY KANTNER

SAMPLE 88113-C06651 WASTE PAINT 88-18  
DATE COLLECTED 04/19/88 DATE RECEIVED 04/22/88


TEST NAME	RESULT	UNITS	EP TOXICITY	EP LIMIT	HAZ.CODE
LOAD BEARING(PENETROMETER)	<0.5	TON/SQF			
1,1,2-TRICHLOROETHANE	<0.005	PPM			
META-CRESOL	<0.010	PPM			
ORTHO-CRESOL	<0.010	PPM			
PARA-CRESOL	<0.010	PPM			
NITROBENZENE	<0.10	PPM			
PYRIDINE	<0.010	PPM			
SOLVENT SCAN	<0.010	PPM			

METHODS 601-612, FEDERAL REGISTER, VOL. 44, NO. 233.

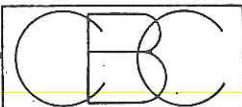
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FAX #414-764-0486

N/T = NOT TESTED N/A = NOT APPLICABLE  
WI DNR LAB CERTIFICATION #241283020

APPROVAL   
(800) 592-5900 DT332





# ENVIRONMENTAL SERVICES

CHEM-BIO CORPORATION 140 East Ryan Road • Oak Creek, WI 53154-4599 (414) 764-7005

June 13, 1988

Caterpillar, Inc., Joliet Plant  
RT 6-Channahon Road P.O. Box 504  
Joliet, IL 60434  
Attn: Nancy Kantner

Dear Ms. Kantner,

Per your request you will find a list of the solvent scan parameters with their results on sample 88113-C06651.

TEST NAME	RESULT	UNIT
ACETONE	<0.010	PPM
BENZENE	<0.010	PPM
N-BUTANOL	<0.010	PPM
2-BUTOXYETHANOL	<0.010	PPM
BUTYL ACETATE	<0.010	PPM
CARBON DISULFIDE	<0.010	PPM
CARBON TETRACHLORIDE	<0.010	PPM
CHLOROBENZENE	<0.010	PPM
CHLOROFORM	<0.010	PPM
CYCLOHEXANONE	<0.010	PPM
O-DICHLOROBENZENE	<0.010	PPM
ETHANOL	<0.010	PPM
2-ETHOXYETHANOL	<0.010	PPM
2-ETHOXYETHANOL ACETATE	<0.010	PPM
ETHYL ACETATE	<0.010	PPM
ETHYL ETHER	<0.010	PPM
ETHYLBENZENE	<0.010	PPM
ISOBUTANOL	<0.010	PPM
ISOPROPANOL	<0.010	PPM
METHANOL	<0.010	PPM
METHYL ETHYL KETONE	<0.010	PPM
METHYL ISOBUTYL KETONE	<0.010	PPM
METHYLENE CHLORIDE	<0.010	PPM
STYRENE	<0.010	PPM
TETRACHLOROETHYLENE	<0.010	PPM
TOLUENE	<0.010	PPM
1,1,1-TRICHLOROETHANE	<0.010	PPM
TRICHLOROETHYLENE	<0.010	PPM
TRICHLOROFLUOROMETHANE	<0.010	PPM
1,1,2-TRICHLORO-1,2,2-TRIFLUOROETHANE	<0.010	PPM

GEN

- b. If the waste is determined to be a liquid according to PFLT, is an absorbent added to the waste?

☐ Yes ☒ No ☐ NA

What type of absorbent is used? N/A  
Check the types of waste to which absorbent is added.

☐ Liquid hazardous waste having a pH less than or equal to 2

☐ Liquid hazardous waste containing HOCs in concentrations greater than or equal to 1,000 mg/L, but less than 10,000 mg/L N/A

☐ Liquid hazardous waste containing metals

☐ Liquid hazardous waste containing free cyanides

- c. Does the generator determine whether the concentration levels (not extract or filtrate) in the waste equal or exceed the prohibition levels or whether the waste has a pH of less than or equal to 2.0 based on:

- Knowledge of wastes

☒ Yes ☐ No ☐ NA

If yes, note how this is adequate: \_\_\_\_\_  
\_\_\_\_\_

- Testing

☒ Yes ☐ No ☐ NA

If yes, list test method used: SW-846

- d. Does the generator determine if concentration levels in PFLT extract exceed cyanide and metals concentration levels?

☒ Yes ☐ No ☐ NA

- If yes, list test method used and constituent and concentration levels that exceeded prohibition levels: SW-846

ChromE 5200 mg/L

RECEIVED

- e. Does the generator dilute the waste as a substitute for adequate treatment [268.3]?

☐ Yes ☒ No ☐ NA

NOV 28 1983

IEPA/DPG

C. Management

## 1. On-Site Management

Is waste that exceeds the treatment standards treated, stored, or disposed on-site?

☒ Yes ☐ No

If yes, the TSD Checklist must be completed.

## 2. Off-Site Management

a. Does the generator ship any waste that exceeds the treatment standards to an off-site treatment or storage facility?

☒ Yes ☐ No

If yes, does the generator provide notification to the treatment or storage facility [268.7(a)(1)]?

☒ Yes ☐ No

If yes, does notification contain the following?

EPA Hazardous waste number(s) ☒ Yes ☐ No

Applicable treatment standards ☒ Yes ☐ No

Manifest number ☒ Yes ☐ No

Waste analysis data, if available ☒ Yes ☐ No

Identify off-site treatment or storage facilities: Safety Klean  
ENRO-systems

b. Does the generator ship any waste that meets the treatment standards to an off-site disposal facility?

☐ Yes ☒ No

If yes, does the generator provide notification and certification to the disposal facility [268.7(a)(2)]?

☐ Yes ☐ No

N/A ☒



If yes, does notification contain the following?

EPA Hazardous waste number(s) ☐ Yes ☐ No  
 Applicable treatment standards ☐ Yes ☐ No  
 Manifest number ☐ Yes ☐ No  
 Waste analysis data, if available ☐ Yes ☐ No  
 Certification that the waste meets treatment standards ☐ Yes ☐ No

Identify off-site land disposal facilities: \_\_\_\_\_

- c. If the waste is subject to a nationwide variance (e.g., solvent-water mixtures less than 1%), extension (268.5), or petition (268.6), does the generator provide notification to the off-site disposal facility that the waste is exempt from land disposal restrictions [268.7(a)(3)]?

☐ Yes ☐ No ☒ NA

**D. Treatment Using RCRA 264/265 Exempt Units or Processes**  
(i.e., boilers, furnaces, distillation units, wastewater treatment tanks, elementary neutralization, etc.)

Are treatment residuals generated from units or processes exempt under RCRA 264/265?

☐ Yes ☐ No

If yes, list types of waste treatment units and processes:

\_\_\_\_\_  
\_\_\_\_\_

TRANS

RCRA LAND DISPOSAL RESTRICTION INSPECTION

TRANSPORTER CHECKLIST

TRANSPORTER REQUIREMENTS

N/A not a transporter.

- A. Does the transporter accumulate waste for more than 10 days [268.50(A)(3)]?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, check the appropriate regulatory status:

\_\_\_\_\_ Interim status for storage

\_\_\_\_\_ RCRA permit for storage

If no, describe inventory controls to ensure that wastes are not stored for more than 10 days: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- B. Does the transporter mix, combine, or recontainerize wastes?

\_\_\_\_\_ Yes \_\_\_\_\_ No

- C. Is the waste treated in an exempt treatment process on-site?

\_\_\_\_\_ Yes \_\_\_\_\_ No

## RCRA LAND DISPOSAL RESTRICTION INSPECTION

## TSD CHECKLIST

## TSD REQUIREMENTS

A. General Facility Standards

1. Does the waste analysis plan cover Part 268 requirements [264.13 or 265.13]?

o F-solvent ☒ Yes ☐ No ☐ NA

o California List ☒ Yes ☐ No ☐ NA

2. Does the facility obtain representative chemical and physical analyses of wastes and residues?

☒ Yes ☐ No

a. What date was the waste analysis plan last revised? 8-29-88

b. Are analyses conducted on-site or off-site?

☐ On-site ☒ Off-site

Identify off-site lab: INDEPENDENT LABS

- c. Is F-solvent waste analyzed using TCLP?

☒ Yes ☐ No ☐ NA

d. Describe the frequency of sampling: BEFORE EVERY  
shipment

e. Describe procedures used to identify manifest discrepancies:

N/A

3. Are the operating records, including analyses and quantities, complete [264.73/265.73]?

☒ Yes ☐ No



B. Storage (268.50)

1. Are restricted wastes stored on-site?

☒ Yes ☐ No

If no, go to C, Treatment in Surface Impoundments.

2. If yes, check the appropriate method.

☐ Tanks  
☒ Containers

3. Are all containers clearly marked to identify the contents and date(s) entering storage?

☒ Yes ☐ No ☐ NA

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4. Do operating records track the location, quantity of the wastes, and dates that the wastes enter and leave storage?

☒ Yes ☐ No

5. Do operating records agree with container labeling?

☒ Yes ☐ No ☐ NA

6. Have wastes been stored for
- more
- than 1 year since the applicable LDR regulations went into effect?

☐ Yes ☒ No ☐ NA

If yes, can the facility show that such accumulation is necessary to facilitate proper recovery, treatment, or disposal?

☐ Yes ☐ NoIf yes, state how: *N/A*

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7. Have tanks been emptied at least once per year since the applicable LDR regulations went into effect?

\_\_\_\_ Yes      \_\_\_\_ No      ☒ NA

*no  
TANKS*

If yes, do the operating records show that the volume of waste removed from tanks annually equals or is more than the tank volume?

\_\_\_\_ Yes      \_\_\_\_ No

*N/A* ☒

8. Are all tanks clearly marked with a description of the contents, the quantity of wastes received, and date(s) entering storage, or is such information recorded and maintained in the operating record?

\_\_\_\_ Yes      \_\_\_\_ No      ☒ NA

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C. Treatment

*NO ON-SITE TREATMENT*

*N/A*

1. Does the facility treat restricted wastes other than in surface impoundments?

\_\_\_\_ Yes      \_\_\_\_ No

If no, go to D, Treatment in Surface Impoundments.

2. Describe the treatment processes:

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3. Does the facility, in accordance with an acceptable waste analysis plan, determine whether the residue from all treatment processes is less than treatment standards [268.7(b)]?

\_\_\_\_ Yes      \_\_\_\_ No

4. Describe frequency of testing treatment residuals:

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5. Is dilution used as a substitute for treatment?

\_\_\_\_ Yes      \_\_\_\_ No

6. Are notifications prepared by the generators kept in the facility's operating record? ☐ Yes ☐ No *N/A X*
7. Does the facility ship any waste or treatment residue that meets the treatment standards to an off-site disposal facility? ☐ Yes ☐ No *X NA*

If yes, does the treatment facility provide notification and certification to the disposal facility?

☐ Yes ☐ No *N/A X*

If yes, does notification contain the following?

*N/A*  
↓

EPA Hazardous waste number(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicable treatment standards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Manifest number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Waste analysis data, if available	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certification that the waste meets the treatment standards	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Identify off-site disposal facilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

D. Treatment in Surface Impoundments

*N/A → NO SURFACE  
impoundments*

1. Are restricted wastes placed in surface impoundments for treatment?

☐ Yes ☐ No

If no, go to E, Land Disposal.

2. If yes, did the facility submit to the Agency the waste analysis plan and certification of compliance with minimum technology and ground-water monitoring requirements?

☐ Yes ☐ No



c. Are residues subsequently managed in another surface impoundment?

\_\_\_\_ Yes \_\_\_\_ No

d. Are residues treated prior to disposal?

\_\_\_\_ Yes \_\_\_\_ No

If yes, are waste residues treated on-site or off-site?

\_\_\_\_ On-site \_\_\_\_ Off-site

Identify treatment method: \_\_\_\_\_

E. Land Disposal

*NA → NO LAND DISPOSING*

1. Are restricted wastes placed in land disposal units such as landfills, surface impoundments waste piles, wells, land treatment units, salt domes/beds, mines/caves, or concrete vault or bunker?

\_\_\_\_ Yes \_\_\_\_ No

Note: Do not include surface impoundments addressed in D, Treatment in Surface Impoundments.

If yes, specify which units and what wastes each unit has received: \_\_\_\_\_

2. Does the facility operating record have notices and certifications from generators/storer/treaters [268.7(c); 268.7(a),(b)]?

\_\_\_\_ Yes \_\_\_\_ No

3. Does the facility obtain waste analysis data or test the wastes (according to the waste analysis plan) to determine that the wastes comply with the applicable treatment standards [268.7(c)]?

\_\_\_\_ Yes \_\_\_\_ No

If yes, at what frequency? \_\_\_\_\_



217/782-6761

Refer to: 1970450028 -- Will County  
Caterpillar, Inc.  
ILD005070537  
RCRA - Permits

May 6, 1988

Caterpillar, Inc.  
Channahon Rd.  
Joliet, Illinois 60434

Attn: Environmental Coordinator or  
Plant Manager

Dear Sir:

According to Agency files, your facility currently manages hazardous waste in containers and/or tanks subject to the requirements of 35 IAC 700-725. 35 IAC 703.157(f) states that interim status for any hazardous waste storage or treatment facility will be terminated November 8, 1992, unless the facility submits Part B of the RCRA permit application for these units to this Agency by November 8, 1988. This letter is written to (1) make you aware of this requirement and (2) describe the actions which must be taken in response to this requirement.

According to 35 IAC 703.157(f), if an existing facility desires to (1) store hazardous waste on-site for greater than ninety (90) days, (2) treat hazardous waste, or (3) store hazardous waste as a commercial facility after November 8, 1992, it must submit Part B of the RCRA permit application to this Agency by November 8, 1988. The information which must be contained in this application is described in 35 IAC 703, Subpart D. The enclosed document, entitled "RCRA Permit Guidance" provides more detail regarding the necessary contents of the application and also identifies several guidance documents which will be useful in developing the application. Also included in this document is the form which must be used when submitting the application.

If a facility does not desire to continue storing and/or treating hazardous waste after November 8, 1992, it must close the storage and/or treatment unit(s) present at the facility prior to this date. Closure, in this instance, basically means that all contamination must be removed from the unit(s) and if necessary, from the area surrounding these units. The requirements which must be met in closing these units are contained in 35 IAC 725, Subpart 6. For your convenience, guidance for the development of a closure plan is contained in the enclosed document entitled "Instructions for the Preparation of Closure Plans for Interim Status RCRA Hazardous Waste Facilities." PLEASE NOTE THAT A CLOSURE PLAN DOES NOT NEED TO BE SUBMITTED AT THIS TIME. IT MUST HOWEVER, BE SUBMITTED TO THE AGENCY NO LATER THAN MAY 8, 1992.



Page 2

In some instances, there may be several interim status hazardous waste management units at a facility. The facility may desire to pursue a final RCRA permit for a portion of these units and close the rest of them. Because of the uncertainty associated with this option, all interim status units at a facility must be included in Part B of the RCRA permit application, unless a closure plan for the units being closed is submitted with the Part B. If a closure plan is submitted with the Part B, the application need only address those units which will remain in operation.

The only alternatives available for hazardous waste treatment and storage facilities to meet the requirements of 35 IAC 703.157(f) are (1) submit Part B of the RCRA permit application by November 8, 1988 or (2) close by November 8, 1992. However, some facilities may have previously filed Part A of the RCRA permit application in error and now feel that the hazardous waste management activities carried out at the facility do not require a RCRA permit (i.e. the Part A was filed for protective measures). If this is the case, the Agency requests that information supporting this position be submitted no later than November 8, 1988. The Agency can then review the information submitted and correct its records accordingly. The information which must be submitted to make this demonstration is contained in the enclosed document entitled "Facility Part A Withdrawal Request Form."

Finally, some facilities may have closed or are currently closing in accordance with an IEPA approved closure plan. (Please bear in mind this letter is going out to over 200 facilities; some closed facilities may inadvertently receive this letter.) In this instance, the Agency requests that a copy of (1) the closure plan approval letter and (2) the letter from the Agency accepting the certifications of the owner/operator and the registered professional engineer that closure was carried out in accordance with the approved closure plan (if closure has been completed) be submitted by November 8, 1988. The Agency will again be able to review this information and correct its records accordingly.

Because of the large number of facilities subject to the requirements of 35 IAC 703.157(f), the Agency requests that all facilities receiving this letter complete the enclosed form entitled "RCRA Permit Information Form." The form has been developed such that it can be used by a facility falling into any of the five categories described above (pursuing a final permit, planning to close, pursuing a permit for only a portion of the interim status units and closing the other units, protective filers, closed in accordance with an IEPA approved closure plan). This form must be submitted to the Agency no later than November 8, 1988, along with all required attachments. Failure to do so may subject a facility to enforcement under State and/or Federal regulations and possible monetary penalties up to \$25,000 per day of noncompliance.





Page 3

The RCRA Permit Information Form and all required attachments must be submitted in triplicate (original and two (2) copies) to the following address:

Permit Section, RCRA Unit  
Division of Land Pollution Control  
Illinois Environmental Protection Agency  
2200 Churchill Road  
P.O. Box 19276  
Springfield, IL 62794-9276

If you have any questions regarding this letter, please contact Jim Moore at 217/782-9875.

Very truly yours,

Lawrence W. Eastep, P.E., Manager  
Permit Section  
Division of Land Pollution Control

LWE:JKH:rd(1313)/1314J

Enclosures

cc: Division File  
Compliance  
Maywood Region  
USEPA Region V



18 MAR 1988

5HS-12

Ms. Nancy Kantner  
Caterpillar, Inc.  
2700 McDonough Street  
Joliet, Illinois 60434

Re: Caterpillar, Inc.  
ILD 005 070 537

Caterpillar, Inc.  
ILD 980 503 080

Dear Ms. Kantner:

The United States Environmental Protection Agency (U.S. EPA) has reviewed the information which you submitted to this office on February 4, 1988. The stated actions appear to adequately address the land disposal restrictions deficiencies outlined in U.S. EPA's Notice of Violations letters dated January 11, 1988, and January 27, 1988, respectively. However, it was noted on the notification of restrictive waste form that you submitted the treatment standards for methyl ethyl ketone and methyl isobutyl ketone were transposed. Please make this correction for future shipments.

Your cooperation and efforts in this matter are greatly appreciated. Should you have further questions, please feel free to contact Barbara Russell of my staff at (312) 353-7922.

Sincerely yours,

ORIGINAL SIGNED BY  
WILLIAM E. MUNO

William E. Muno, Chief  
RCRA Enforcement Branch

cc: H. Chappel, IEPA  
G. Savage, IEPA

0-12  
3/15/88  
BLO  
3/15/88  
P.L.N.  
3/16/88  
AP  
3/17/88  
WEN  
3/17/88







**CATERPILLAR INC.**

Joliet, Illinois 60434

February 4, 1988

William E. Muno 5HE-12  
RCRA Enforcement Section  
U.S.E.P.A.  
230 S. Dearborn Street  
Chicago, Illinois 60604

RECEIVED  
FEB 03 1988  
U.S. EPA REGION V  
WASTE MANAGEMENT DIVISION  
OFFICE OF THE DIRECTOR

RE: **Compliance Letters 5HE-12**  
    **ILD 005070537 Rt. 6**  
    **ILD 986503080 McDonough St.**

In reply to your letters concerning these two facilities:

- A. The waste analysis plan for both Joliet sites was revised in August 1987. A copy of the section in question is attached.
- B. In 1987 two shipments (Manifest IL 1655401 and IL 1655418) of solvent were shipped from ILD005070537 without the required notification to the disposal facility. However, after finding this procedural error the two subsequent shipments had the 40CFR268 statement attached. See manifest IL 1655424 on 8-26-87 for ILD005070537 and manifest IL 1655525 on 10/26/87 for ILD986503080 attached.

This should address your concerns.

*G Kantner*

GKantner  
Environmental Coordinator  
815/729-6270

bc/gk020488

Attachments

A:WSTPAINT.TXT

## WASTESTREAM: WASTE PAINT

### BACKGROUND:

The Material Safety Data Sheets indicate that the paints used in the plant contain F001-F005 solvents making the waste a restricted waste. As a restricted waste, the treatment facility requires certification with requires the following information:

1. The EPA Hazardous Waste Number
2. The manifest number associated with the shipment of waste
3. The date shipped
4. The corresponding treatment standard
5. Analysis if available
6. The certification statement with authorized signature

This waste is sent to a treatment facility for fuel blending. Any solid residue not accepted for fuel blending is then incinerated.

LOCATION: Paint Booths & Maintenance

MJ/TANK:

VOLUME:

### PARAMETERS:

The following analysis are required for liquid wastes going to treatment, storage, and recovery facilities:

Flashpoint (F) Pensky-Martens closed cup tester

Sulfide (total and reactive)

Cyanide (total and reactive)

Phenol

pH

Heavy metals: Arsenic, Barium, Cadmium, Chromium, Lead, Mercury, Selenium, and Silver totals; if totals are greater than E.P. Toxicity limits, give E.P. Toxicity concentrations

Organics: TCLP (Toxicity Characteristic Leaching Procedure-Appendix I of Part 268)

Physical characteristics

These parameters should provide sufficient information on the waste properties for a treatment facility.

### TEST METHODS:

All test methods shall conform with "Test Methods for Evaluating Solid Waste: Physical and Chemical Methods" SW-846 and in accordance with RCRA regulations.



FREQUENCY:

Sample analysis shall be taken prior to a new disposal source, a process/product change, or at a minimum of once a year.

SAMPLING METHODS:

Composite COLIWASA from storage drums

SAMPLE VOLUME:

One quart

SAMPLE CONTAINER:

Glass jar

FREQUENCY OF REVIEW:

Yearly

This waste is sent to a treatment facility for fuel blending. Any solid residue not accepted for fuel blending is then incinerated.

LOCATION: Paint Booths & Maintenance

MJ/TANK:

VOLUME:

PARAMETERS:

The following analysis are required for liquid wastes going to treatment, storage, and recovery facilities:

Flashpoint (F) Pensky-Martens closed cup tester

Sulfide (total and reactive)

Cyanide (total and reactive)

Phenol

pH

Heavy metals: Arsenic, Barium, Cadmium, Chromium, Lead, Mercury, Selenium, and Silver totals; if totals are greater than E.P. Toxicity limits, give E.P. Toxicity concentrations

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Sample analysis shall be taken prior to a new disposal source, a process/product change, or at a minimum of once a year.

SAMPLING METHODS:

Composite COLIWASA from storage drums

SAMPLE VOLUME:

One quart

SAMPLE CONTAINER:

Glass jar

FREQUENCY OF REVIEW:

Yearly

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.	Manifest Document No.	Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.
3. Generator's Name and Mailing Address Caterpillar Inc. P.O. Box 504, Rt #6 Joliet, Illinois 60434		4. Generator's Phone ( ) 815 729-5721		A. Illinois Manifest Document Number IL 1655401	
5. Transporter 1 Company Name Mid America		6. US EPA ID Number 11T180010365		B. Illinois Generator's ID 11970415001218	
7. Transporter 2 Company Name		8. US EPA ID Number		C. Illinois Transporter's ID 0725	
9. Designated Facility Name and Site Address Safety Kleen Envirosystems 633 East 138th St. Dalton, Illinois 60419		10. US EPA ID Number 11D980613913		D. Illinois Transporter's ID 0725	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	
a. HM X 'RQ' Waste Flammable Liquid (N.O.S.) Flammable Liquid, UN1993 (EPA - Ignitability) (E003, F005)		No. 061 Type D-M		0 335	
b.				034101	
c.					
d.					
J. Additional Descriptions for Materials Listed Above Spent Paint Thinner - E001, F003, F005		K. Handling Codes for Wastes Listed Above In Item #14 1 = Gallons 2 = Cubic Yards		L. Waste No. EPA HW Number X X D 0 0 1 Authorization Number 0 0 0 0 5 9	
15. Special Handling Instructions and Additional Information 3470 gals in 60 drums & 2 recovery drums total 62 JBJE24260					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. On behalf of Caterpillar Inc. Printed/Typed Name: Frank J Damakowski, Jr Signature: [Signature] Date: 05/18/87					
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name: PETER C. RAUEN Signature: [Signature] Date: 05/18/87					
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name: [Blank] Signature: [Blank] Date: [Blank]					
19. Discrepancy Indication Space Corrected manifest document # added H. Facility ID (site) per. Nancy Kautner 5/18/87 Corrected # of containers & gallons					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name: RAMELLE BREETZKE Signature: [Signature] Date: 05/18/87					

IN ILLINOIS: 217 / 782-3637

\*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS\*

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV. 05

GENERATOR COPY - PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111 1/2 Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.



Please print or type. (Form designed for use on

(12-pitch) typewriter.)

EPA Form 8700-22 (3-

Form Approved, OMB No. 2050-0039. Expires 9-30-88

**UNIFORM HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

1LD005070537

Manifest  
Document No.

02676

2. Page 1

of

Information in the shaded areas is not  
required by Federal law, but is required  
by Illinois law.

3. Generator's Name and Mailing Address

Caterpillar Inc.

P.O. Box 504 Rt#6

10118th Illinois

4. Generator's Phone

815 729-5721

5. Transporter 1 Company Name

Schnider

6. US EPA ID Number

1WLD980904742

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

Safety Kleen Envirosystems

10. US EPA ID Number

633 East 138th St. Dolton Ill 60419

1LD980613913

A. Illinois Manifest Document Number

IL 1655418

B. Illinois

Generator's  
ID

1 9 7 0 4 5 0 0 2 8

C. Illinois Transporter's ID

D. (900 558-5091) Transporter's Phone

E. Illinois Transporter's ID

F. ( ) Transporter's Phone

G. Illinois

Facility's  
ID

0 3 1 0 6 9 0 0 0 6

H. Facility's Phone

(312) 849-4850

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

HM

a. X RQ " Waste Flammable Liquid N.O.S  
Flammable Liquid UN1993 (F003,F005)12. Containers  
No. Type

019 D.M.

13.  
Total  
Quantity

06045

14.  
Unit  
Wt/Vol

1

L  
Waste No.EPA HW Number  
XXF0003  
Authorization Number  
000039b. X "RQ" Waste Paint Related Materials.  
Flammable Liquid NA1263 (F003,F005)

043 D.M.

02365

1

EPA HW Number  
XXF0003  
Authorization Number  
0000161c.   
d.   
EPA HW Number  
XX  
Authorization Number  
EPA HW Number  
XX  
Authorization Number

J. Additional Descriptions for Materials Listed Above

A. Waste Paint Thinner D001, F003  
(JBJE24260) Survey# 05429-8188 F005

B. Waste Paint D001, F003, F005, Survey# 05448-8563 (JBJE25798)

K. Handling Codes for Wastes Listed Above

1 = Gallons

2 = Cubic Yards

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by  
proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by  
highway according to applicable international and national government regulations, and Illinois regulations.Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section  
3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be  
economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future  
threat to human health and the environment.

On behalf of Caterpillar Inc.

Printed/Typed Name

Frank J Damakowski, JR

Signature

Frank J Damakowski

Date

Month Day Year

07 07 87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

BRIAN HASSE

Signature

Brian Hass

Date

Month Day Year

07 07 87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Date

Printed/Typed Name

Kenneth Burke

Signature

Kenneth Burke

Date

Month Day Year

07 07 87

IN ILLINOIS: 217 782-3637

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV. 88 GENERATOR COPY - PART 1- DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111 1/2 Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner  
or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management  
Center.



Please print or type.

(Form designed for use on elite pitch) typewriter.)

EPA Form 8700-22 (3-84)

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. 1LD 005070537	Manifest Document No. 02682	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.
3. Generator's Name and Mailing Address Caterpillar Inc. RT#Box504 Joliet, Illinois 60434		6. US EPA ID Number 1LD981957236		A. Illinois Manifest Document Number IL 1655424	
4. Generator's Phone (815) 729-5721		7. Transporter 1 Company Name Set Environmental		B. Illinois Generator's ID 1970450028	
5. Transporter 1 Company Name Set Environmental		8. US EPA ID Number		C. Illinois Transporter's ID 00049	
7. Transporter 2 Company Name		10. US EPA ID Number 1LD980613913		D. (312) 758-3777 Transporter's Phone	
9. Designated Facility Name and Site Address Safety Kleen Envirosystems 633 East 138thst. Dolton, Illinois 60419		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		E. Illinois Transporter's ID 1111	
				F. Facility's ID 0310690006	
				G. Facility's Phone (312) 849-4850	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	
a. <input checked="" type="checkbox"/> HM. <input type="checkbox"/> Waste Paint Related Materials Flammable Liquid, NA1263 (D001, Foo3) F005		No. 014 Type D-M		00770	
b. <input checked="" type="checkbox"/> Waste Liquid, UN1993 (D001) N.O.S., Flammable		015 D-M		00825	
c. <input checked="" type="checkbox"/> Combustible LIquid N.O.s Combustible Liquid N.O.S. NA1993		007 D-M		00385	
d. <input checked="" type="checkbox"/> Waste Flammable N.O.S' Flammable Liquid ( UN1993 ) D001- F003- F005		006 DM		00330	
		001 D-M		00055	
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above		Waste No.	
A. Waste Paint, Survey #8563 (JBUE25798)		1 = Gallons 2 = Cubic Yards		XXF10013	
B. Diesel Fuel Tank Rinse, Survey #9648 (JBUE27237)				XXF10013	
C. Stoddard Solvent & Nalclean, Survey #9657 (JBUE27236)				XXF10013	
D. Paint thinner survey # 8188 (JBUE24260)				XXF10013	
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations.					
Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name		Signature		Date	
Frank J Damakowski, Jr		Frank J Damakowski, Jr		08/26/87	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Date	
Sheldon Frost		Sheldon Frost		08/26/87	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space					
Corrected manifest doc #, part 2 pg 1 of 1, US DOT descriptions for 11a, b, c, & d, and added 0 in front of container type and quantities approved per J. Damakowski 8-26-87 (me)					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.		Signature		Date	
Printed/Typed Name		Signature		Date	
Kenneth Burke		Kenneth Burke		08/26/87	

ILLINOIS: 217 / 782-3637

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS\*

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

TRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

GENERATOR COPY - PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111 1/2 Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.



NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

To  
Designated  
Facility:

Safety-Kleen Environments  
633 East 139th St  
Dulton, IL 60419  
EPA ID No. 14 D 980613913

Under manifest number 14 1655424 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR 268.7, the generator is hereby providing notice that the waste is restricted and the appropriate treatment standards (from Table CCWE of 40 CFR 268.41) are as follows:

Constituent	Treatment Standard
<u>Methyl ethyl ketone</u>	<u>.33</u> ppm
<u>n-Butyl alcohol</u>	<u>5.0</u> ppm
<u>methyl isobutyl ketone</u>	<u>.75</u> ppm

Use reverse side  
for additional  
constituents →

The constituent compositions based upon ( ) attached data or (X) knowledge of the waste.

TABLE CCWE - CONSTITUENT IN WASTE EXTRACT

F001-F005 spent solvents	Concentration (in mg/l) Wastewater containing spent solvents	All other spent solvent wastes
Acetone	0.05	0.50
n-Butyl alcohol	5.0	5.0
Carbon disulfide	1.05	4.81
Carbon tetrachloride	.05	.96
Chlorobenzene	.13	.05
Cresols (and cresylic acid)	2.82	.75
Cyclohexanone	.125	.75
1,2-dichlorobenzene	.68	.125
Ethyl acetate	.05	.75
Ethyl benzene	.05	.053
Ethyl ether	.05	.75
Isobutanol	5.0	5.0
Methanol	.25	.75
Methylene chloride	.20	.96
Methylene chloride (from the pharmaceutical industry)	12.7	.96
Methyl ethyl ketone	0.05	0.75
Methyl isobutyl ketone	0.05	0.33
Nitrobenzene	0.85	0.125
Pyridine	1.12	0.33
Tetrachloroethylene	0.079	0.05
Toluene	1.12	0.33
1,1,1-Trichloroethane	1.05	0.41
1,2,2-Trichloro-1,2,2-trifluoroethane	1.05	0.96
Trichloroethylene	0.062	0.091
Trichlorofluoromethane	0.05	0.96
Xylene	0.05	0.15

Generator name CATERPILLAR INC EPA ID#: 14 D 00 5070537  
Generator representative signature On behalf of Cat Inc: M Kantner  
Name & Title of representative M KANTNER  
(print or type) HAZ MAT ANALYST



toluene	.33
ethyl benzene	.053
xylene	.15
methanol	.75



Please print or type.

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (3-84)

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address CATERPILLAR INC ROUTE 6, P.O. BOX 504 JOLIET, IL 60434		1LD 980503000 02703		A. Illinois Manifest Document Number IL 1655525		
4. Generator's Phone (815) 729-5721		ANALYST		B. Illinois Generator's ID 1970450029		
5. Transporter 1 Company Name Borren's TRANSFER CO		6. US EPA ID Number 1LD 008871782		C. Illinois Transporter's ID 1464		
7. Transporter 2 Company Name		8. US EPA ID Number		D. (312) 741-3940 Transporter's Phone		
9. Designated Facility Name and Site Address SAFETY KLEEN ENVIRONMENTAL SYSTEMS 633 EAST 130TH ST DOLTON, IL 60419		10. US EPA ID Number 1LD 980613913		E. Illinois Transporter's ID F. ( ) Transporter's Phone		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. <input checked="" type="checkbox"/> HM RQ WASTE FLAMMABLE LIQUID N.O.S.		No. Type		385	1	EPA HW Number XX F003
b. <input checked="" type="checkbox"/> RQ WASTE COMBUSTIBLE LIQUID N.O.S.		5 DM		2.75	1	Authorization Number 000035
c. <input checked="" type="checkbox"/> COMBUSTIBLE LIQUID NA 1993 (DD)						EPA HW Number XX
d. <input type="checkbox"/>						Authorization Number XX
J. Additional Descriptions for Materials Listed Above a. PAINT THINNER, SURVEY #9696 b. STODDARD SOLVENT, SURVEY #9655		K. Handling Codes for Wastes Listed Above In Item #14 1 = Gallons 2 = Cubic Yards				
15. Special Handling Instructions and Additional Information JBJE 28663						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.						
Printed/Typed Name HERMAN ABELIDO		Signature [Signature]		Date Month Day Year 10/23/87		
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name DENNIS MILLER		Signature Dennis Miller		Date Month Day Year 10/23/87
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name ROBERT H. AYERS		Signature Robert H. Ayers		Date Month Day Year 10/26/87
19. Discrepancy Indication Space Added facility phone number part H approved per Nancy Kantel 10/26/87 (ma)						
20. Facility Owner or Operator		Printed/Typed Name Kenneth Burke		Signature Kenneth Burke		Date Month Day Year 10/26/87

# NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

To  
Designated  
Facility:

SAFETY-KLEEN ENVIRONMENTAL SYSTEMS  
EPA ID No. 12D980613913

633 EAST 138TH ST

DOLTON, IL 60419

Under manifest number 12 1655525 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR 268.7, the generator is hereby providing notice that the waste is restricted and the appropriate treatment standards (from Table CCWE of 40 CFR 268.41) are as follows:

Constituent	Treatment Standard	
<u>N-Butyl Alcohol</u>	<u>5.0</u>	ppm
<u>Methyl isobutyl Ketone</u>	<u>0.05</u>	ppm
<u>Toluene</u>	<u>1.12</u>	ppm

Use reverse side  
for additional  
constituents

The constituent compositions based upon (X) attached data or ( ) knowledge of the waste.

TABLE CCWE - CONSTITUENT IN WASTE EXTRACT

F001-F005 spent solvents	Concentration (in mg/l) Wastewater containing spent solvents	All other spent solvent wastes
Acetone	0.05	0.50
n-Butyl alcohol	5.0	5.0
Carbon disulfide	1.05	4.81
Carbon tetrachloride	.05	.96
Chlorobenzene	.15	.05
Cresols (and cresylic acid)	2.62	.75
Cyclohexanone	.125	.75
1,2-dichlorobenzene	.68	.125
Ethyl acetate	.05	.75
Ethyl benzene	.05	.053
Ethyl ether	.05	.75
Isobutanol	5.0	5.0
Methanol	.25	.75
Methylene chloride	.20	.96
Methylene chloride (from the pharmaceutical industry)	12.7	.96
Methyl ethyl ketone	0.05	0.75
Methyl isobutyl ketone	0.05	0.33
Nitrobenzene	0.65	0.125
Pyridine	1.12	0.33
Tetrachloroethylene	0.079	0.05
Toluene	1.12	0.33
1,1,1-Trichloroethane	1.05	0.41
1,2,2-Trichloro-1,2,2-trifluoroethane	1.05	0.96
Trichloroethylene	0.062	0.091
Trichlorofluoromethane	0.05	0.96
Xylene	0.05	0.15

Generator name CATERPILLAR INC

EPA  
ID#: 12D980503080

Generator representative signature on behalf of Cat Inc NL Kantner

Name & Title of representative NL KANTNER - HAZ MAT ANALYST  
(print or type)



OFFICE  
USE ONLY

## SPENT MATERIALS/WASTE PRODUCTS QUALIFICATION

9655

- ☐ New Castle, KY  
☐ Denton, TX  
☐

- ☐ Manati, PR  
☐ Hebron, OH  
☐ Lexington, SC

- ☒ Dolton, IL  
☐ Reedley, CA  
☐ Clayton, NJ

- ☐ Clarksville, MO  
☐ Elgin, IL  
☐ Chicago, IL

COMPANY CATERPILLAR INC.		CUSTOMER SAMPLE NO.		SURVEY CONTROL NO. 7310	
PLANT ADDRESS STREET DISBURSEMENTS DIVISION LD135		SAMPLE COLLECTION DATE		SAMPLE/SURVEY RECEIPT DATE 05/01/87	
CITY EAST PEORIA	STATE I L	ZIP 61630		WASTE DESCRIPTION STODDARD SOLVENT BUILDING F	
<input checked="" type="checkbox"/> TCD Volatiles Organics (Relative Area Per Cent) <input type="checkbox"/> FID		pH (direct/extracted) 6-7 /		Metals <input type="checkbox"/> Acid Digest <input type="checkbox"/> Direct	
MINERAL SPIRITS 99.5 %		Solids (centrifuged) % vol.		Pb < 100 ppm	
OTHERS 0.5 %		Water (total) 6.5 % wt.		Cr < 100 ppm	
		Viscosity < 100 cp		Zn < 100 ppm	
		Specific Gravity 0.823		Fe < 100 ppm	
		PCBs < 50 ppm		Ti 120 ppm	
		Nonvolatile Residue 2.0 % wt.		Hg NOT DETECT ppm	
		<input checked="" type="checkbox"/> Flash <input type="checkbox"/> No Flash 140 °F		Be < 50 ppm	
		Fuel Value <input checked="" type="checkbox"/> Waste <input type="checkbox"/> Distillation Bottoms		Cd ppm	
		Heat Content 14,500 BTU/lb.		ppm	
		Total Halogen (titration) 0.1 % wt. as Cl		Inorganics	
		Ash (from bomb) 0.4 % wt.		Cl % wt	
		Radioactivity		Br % wt	
		Recovery (distillation) % wt./vol.		F % wt	
		Recovery (calculated) % wt./vol.		S % wt	
		Phase Information: 2 PHASES; TOP TAN		P % wt	
		(75%) BOTTOM WHITE (25%) WATER			
		Additional Analytical Information:			
Total 100 %					

Determinations reported above were chosen based on the sample matrix and potential recycling/disposition options for the waste.

Chemist Signature Frances K. Sitty Completion Date 5/13/87 Operations Approval Jim Gonzalez Date 5-14-87

## CORPORATE REVIEW

☐ Special Handling

Environmental 5/20/87 Health and Safety 5/20/87 Transportation MOD 5-17-87 Quality Control WLD 5/20/87

Safety-Kleen hereby warrants that the waste stream represented by the Survey and sample submitted is acceptable at the facility(s) checked below and that said facility(s) has/have the appropriate permit(s) and can accept this waste as long as all hazards associated with the waste have been fairly disclosed on the Survey and the composition of the waste does not change so as to render the attached Survey and sample submitted to Safety-Kleen nonrepresentative.

☐ Conditional Approval (See Attached)

Please note this approval no. on all shipment manifests.

Signature Mike Downy Date 5-20-87 Approval No. 9655

- |  |  |  |  |  |
|--|--|--|--|--|
| <input checked="" type="checkbox"/> New Castle, KY<br>KYD053348108 | <input checked="" type="checkbox"/> Dolton, IL<br>ILD980613913 | <input type="checkbox"/> Manati, PR<br>PRD090399718  | <input type="checkbox"/> Clarksville, MO<br>MOD029729688 | <input type="checkbox"/> Elgin, IL<br>ILD000805911     |
| <input type="checkbox"/> Clayton, NJ<br>NJD069039626               | <input type="checkbox"/> Denton, TX<br>TXD077603371            | <input type="checkbox"/> Chicago, IL<br>ILD005450697 | <input type="checkbox"/> Hebron, OH<br>OHD980587364      | <input type="checkbox"/> Lexington, SC<br>SCD077995487 |
| <input type="checkbox"/> Reedley, CA<br>CAD093459485               |  |  |  |  |

OFFICE  
USE ONLY

## SPENT MATERIALS/WASTE PRODUCTS QUALIFICATION

9696

- ☐ New Castle, KY      ☐ Manati, PR      ☒ Dolton, IL      ☐ Clarksville, MO  
☐ Denton, TX      ☐ Hebron, OH      ☐ Reedley, CA      ☐ Elgin, IL  
☐      ☐ Lexington, SC      ☐ Clayton, NJ      ☐ Chicago, IL

COMPANY CATERPILLAR INC.			CUSTOMER SAMPLE NO.	SURVEY CONTROL NO. 7311
PLANT ADDRESS STREET DISBURSEMENTS DIVISION			SAMPLE COLLECTION DATE	SAMPLE/SURVEY RECEIPT DATE 5/01/87
CITY EAST PEORIA	STATE I L	ZIP 61630	WASTE DESCRIPTION PAINT THINNER - BUILDING F	
Volatile Organics (Relative Area Per Cent) <input checked="" type="checkbox"/> FID <input type="checkbox"/> TCD		pH (direct/extracted) 4-5		Metals <input type="checkbox"/> Acid Digest <input type="checkbox"/> Direct
N-BUTYL ALCOHOL 22.5 %		Solids (centrifuged) % vol.		Pb <100 ppm
N-PROPYL ACETATE 0.2 %		Water (total) 0.8 % wt.		Cr <100 ppm
METHYL ISOBUTYL KETONE 0.6 %		Viscosity < 100 cp		Zn <100 ppm
TOLUENE 10.9 %		Specific Gravity 0.797		Fe <100 ppm
MINERAL SPIRITS 63.2 %		PCBs < 50 ppm		Ti 100 ppm
OTHERS 2.6 %		Nonvolatile Residue OIL 9.6 % wt.		Hg NOT DETECTED ppm
		<input checked="" type="checkbox"/> Flash <input type="checkbox"/> No Flash 100 °F		Be <50 ppm
		Fuel Value <input checked="" type="checkbox"/> Waste <input type="checkbox"/> Distillation Bottoms		Cd ppm
		Heat Content 18,400 BTU/lb.		ppm
		Total Halogen (titration) 0.3 % wt. as Cl		ppm
		Ash (from bomb) 0.1 % wt.		Inorganics
		Radioactivity		Cl % wt.
		Recovery (distillation) % wt./vol.		Br % wt.
		Recovery (calculated) % wt./vol.		F % wt.
		Phase Information: ONE PHASE, TAN		S % wt.
		Additional Analytical Information:		P % wt.
Total 100 %				

Determinations reported above were chosen based on the sample matrix and potential recycling/disposition options for the waste.

Chemist Signature Francesk Ditz Completion Date 5/19/87 Operations Approval M. J. D. 5-21-87 Date 5-21-87

CORPORATE REVIEW ☐ Special Handling  
Health and Safety Rev 5/16/87 Transportation MJD 5-26-87 Quality Control MJD 5-27-87

Safety-Kleen hereby warrants that the waste stream represented by the Survey and sample submitted is acceptable at the facility(s) checked below and that said facility(s) has/have the appropriate permit(s) and can accept this waste as long as all hazards associated with the waste have been fairly disclosed on the Survey and the composition of the waste does not change so as to render the attached Survey and sample submitted to Safety-Kleen nonrepresentative.

☐ Conditional Approval (See Attached)

Please note this approval no. on all shipment manifests.

Signature

Date

Approval No.

- ☒ New Castle, KY. KYD053348108  
☐ Clayton, NJ NJD069039626  
☐ Reedley, CA CAD093459485
- ☒ Dolton, IL ILD980613913  
☐ Denton, TX TXD077603371
- ☐ Manati, PR PRD090399718  
☐ Chicago, IL ILD005450697
- ☐ Clarksville, MO MOD029729688  
☐ Hebron, OH OHD980587364
- ☐ Elgin, IL ILD000805911  
☐ Lexington, SC SCD077995488

# NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

To  
Designated  
Facility:

SAFETY-KLEAN ENVIRONMENTAL SYSTEMS

EPA ID No.

12D980613913

633 EAST 138TH ST

DOLTON, IL 60419

Under manifest number 12 1655525 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR 268.7, the generator is hereby providing notice that the waste is restricted and the appropriate treatment standards (from Table CCWE of 40 CFR 268.41) are as follows:

Constituent

Treatment Standard

n-Butyl Alcohol

5.0

ppm

Use reverse side

Methyl isobutyl Ketone

0.05

ppm

for additional

Toluene

1.12

ppm

constituents

The constituent compositions based upon (X) attached data or ( ) knowledge of the waste.

TABLE CCWE - CONSTITUENT IN WASTE EXTRACT

F001-F005 spent solvents	Concentration (in mg/l)	
	Wastewaters containing spent solvents	All other spent solvent wastes
Acetone	0.05	0.50
n-Butyl alcohol	5.0	5.0
Carbon disulfide	1.05	4.81
Carbon tetrachloride	.05	.96
Chlorobenzene	.15	.05
Cresols (and cresylic acid)	2.82	.75
Cyclohexanone	.125	.75
1,2-dichlorobenzene	.68	.125
Ethyl acetate	.05	.75
Ethyl benzene	.05	.053
Ethyl ether	.05	.75
Isobutanol	5.0	5.0
Methanol	.25	.75
Methylene chloride	.20	.96
Methylene chloride (from the pharmaceutical industry)	12.7	.96
Methyl ethyl ketone	0.05	0.75
Methyl isobutyl ketone	0.05	0.33
Nitrobenzene	0.85	0.125
Pyridine	1.12	0.33
Tetrachloroethylene	0.079	0.05
Toluene	1.12	0.33
1,1,1-Trichloroethane	1.05	0.41
1,2,2-Trichloro-1,2,2-trifluoroethane	1.05	0.96
Trichloroethylene	0.062	0.091
Trichlorofluoromethane	0.05	0.96
Xylene	0.05	0.15

Generator name CATERPILLAR INC

EPA

ID#:

12D980503080

Generator representative signature On behalf of Cat Inc

Name & Title of representative NL KANTNER - HAZ MAT ANALYST



11 JAN 1988

5HE-12

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Ms. Nancy Kantner  
Caterpillar Inc.  
Rt 6 Channahon Road  
Joliet, Illinois 60434

Re: Notice of Violation  
Caterpillar Inc.  
ILD 005 070 537

Dear Ms. Kantner:

On June 25, 1987, the Illinois Environmental Protection Agency (IEPA), representing the U.S. Environmental Protection Agency (U.S. EPA), conducted a Resource Conservation and Recovery Act (RCRA) inspection of the above-referenced facility. The purpose of the inspection was to determine the compliance status of your facility with respect to the applicable hazardous waste management requirements of RCRA, including the land disposal restrictions of certain spent solvents. The land disposal restrictions became effective on November 8, 1986, (reference 51 Federal Register 40636: 40 CFR Part 268, and revisions to 40 CFR Parts 260-265 and 270).

With respect to the land disposal requirements section of the inspection, your facility was found to be in violation of certain land disposal requirements as noted below:

1. Failure to notify in writing for each shipment of F-Series Solvent wastes the applicable treatment standard and waste analysis data as required by 268.7(a)(1).
2. Failure to revise waste analysis plan to include 40 CFR Part 268 in accordance with Section 265.13.

A copy of the inspection report is enclosed for your records. Please submit to this office, within thirty (30) days of receipt of this Notice of Violation, documentation demonstrating that the above-cited violations have been corrected and indicating what measures have been initiated to assure future compliance. Failure to correct the violation(s) may subject the facility to further Federal enforcement action.

If you have any questions regarding this correspondence, please contact Barbara Russell of my staff at (312) 353-7922.

Sincerely yours,

William E. Muno, Chief  
RCRA Enforcement Section

Enclosure

cc: Harry Chappel, IEPA  
Glenn Savage, IEPA

bcc: Paul Dimock

SEARCHED	INDEXED	SERIALIZED	FILED	EXT.	SAL.	APR	FILE
1/5/87	BC	1/7/88	PER	1-7-88	1-8-88	1-8-88	1-8-88

P-487 467 811

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

5HE-12

Sent to <i>Ms. Nancy Kantner</i>	
Street and No. <i>RT 6 Channahon Road</i>	
P.O. Box and ZIP Code <i>Joliet, IL 60434</i>	
Postage	\$ <i>.55</i>
Certified Fee	<i>75</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	<i>70</i>
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	<i>2.91</i>
Postmark or Date	



*Barb Russell EPA*

Fold at line over top of envelope to the back

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

4. Article Number

MS. NANCY KANTNER  
CATERPILLAR INC.  
RT 6 CHANNAHON ROAD  
JOLIET, IL 60434

*P487467811*

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

*X*

6. Signature - Agent

*X*

7. Date of Delivery

*JAN 14 1986*

8. Addressee's Address (ONLY if requested and fee paid)







*File*  
**CATERPILLAR TRACTOR CO.**

**RECEIVED**  
FEB 21 1985

Joliet, Illinois 60434

February 19, 1985

Valdas Adamkus  
EPA Regional Administrator  
230 S. Dearborn  
Chicago, IL 60604

Sir:

RE: Exception Report for Enclosed Manifest, IL 1139351

This nonhazardous load of grinds and fines (Authorization #832067) is frozen and cannot be unloaded. The container is currently at the Banner yard and will be unloaded when the weather permits.

Yours truly,

*N L Kantner*

Hazardous Materials Analyst

NLKantner  
Purchasing  
(815) 729-5740  
dlj

cc: Illinois EPA/Division of Land Pollution Control  
Banner/Western Disposal Co./Div. of Waste Management, Inc



Please print or type.

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (3-84)

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILD 005070537		Manifest Document No. 2030		2. Page 1 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.			
3. Generator's Name and Mailing Address Caterpillar Tractor Co RT 6 P.O. Box 504 Joliet, Illinois						A. Illinois Manifest Document Number IL 1139351					
4. Generator's Phone (815) 729-5721						B. Illinois Generator's ID 1970460029					
5. Transporter 1 Company Name Banner Disposal						C. Illinois Transporter's ID 16171315					
6. US EPA ID Number ILD 063599802						D. (815) 725-4200 Transporter's Phone					
7. Transporter 2 Company Name						E. Illinois Transporter's ID					
8. US EPA ID Number						F. ( ) Transporter's Phone					
9. Designated Facility Name and Site Address C D T Inc. Troy Township, Round Rd Joliet, Illinois 60436						G. Illinois Facility's ID 1978178006					
10. US EPA ID Number						H. Facility's Phone (815) 741-0736					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol	
a. HM						No. Type				Waste No.	
NON-HAZARDOUS						001 CM		0.00152		312067	
b.										EPA HW Number Authorization Number	
c.										EPA HW Number Authorization Number	
d.										EPA HW Number Authorization Number	
J. Additional Descriptions for Materials Listed Above GRINDS & FINES FLOOR SWEEPINGS & DUST COLLECT (SOLID)						K. Handling Codes for Wastes Listed Above 1 - SPILLAGE 2 - CUBIC YARDS					
15. Special Handling Instructions and Additional Information											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.											
Printed/Typed Name Richard L. Hoffman						Signature Richard L. Hoffman			Date 1/2/85		
17. Transporter 1 Acknowledgement of Receipt of Materials									Date		
Printed/Typed Name Jerry Blackwell						Signature			Month Day Year 1/2/85		
18. Transporter 2 Acknowledgement or Receipt of Materials									Date		
Printed/Typed Name						Signature			Month Day Year		
19. Discrepancy Indication Space											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											
Printed/Typed Name						Signature			Date Month Day Year		



Determination: NFA

## PA/VSİ Or RFA FILE REVIEW CHECKLIST

Facility Name: Caterpillar Tractor

EPA ID: ILD 005 070 537\_\_\_\_ City: 2200 Channahon Rd Joliet, Will Co.\_\_\_\_ State: IL\_

Name of Reviewer: Maureen McHugh\_\_\_\_ Date of Review: 8/14/08\_\_\_\_

1	Yes	No	Is this a one folder site?
2	Yes	No	Are there Superfund files for this site?
3	Yes	No	Did you Read the Executive Summary?
			There are: ____ SWMUs and ____ AOCs at this site.
4	Yes	No	Did you review the regulatory history?
5	Yes	No	Does the facility have interim status or a permit?
			This facility is a: ____ SQG, __X__ LQG, or ____ Less than 90 day.
6	Yes	No	Was the Facility closed per RCRA? RCRAInfo 380 (1994)
			If Yes, was the closure: __X__ CC, or ____ CIP.
7	Yes	No	Are there documented (historical) releases? Briefly describe on Page 2.
8	Yes	No	Were there releases identified during the inspection? Briefly describe on Page 2.
9	Yes	No	Do you agree with the Conclusions and Recommendations?
			If No, briefly describe on Page 2.

As a result of your review of the PA/VSİ or RFA file, please classify this site as:

  X   No further corrective action recommended or warranted: These are sites that closed the regulated units and any other SWMUs or AOCs at the site did not warrant any further corrective action (no historic releases or evidence of releases observed during the Visual Site Inspection).

       Further Action Required: Soil or sediment sampling or groundwater sampling or monitoring or any type of investigation that was recommended in the report in response to a documented or observed release at any SWMU or AOC and where such investigation, whether being addressed during the inspection or after, does not have the necessary documentation in the facility record files.

       More Information Needed: There is no RFA, PA/VSİ or RCRA closure information available.

## PA/VSİ Or RFA FILE REVIEW CHECKLIST

### Notes

The site has a landfill with no known liner or diversion system and it contains an estimated 140 drums of toxic waste buried on site. Potential for leaching of contaminants into groundwater and surface water. Groundwater is used as a drinking water source.

Groundwater sampling scores warranted at this site according to IEPA letter

Briefly describe any documented (historical) releases for any SWMU or AOC recorded in the report. For each release, please identify the SWMU or AOC and a one or two line description of release.

Briefly describe any releases observed during the inspection for any SWMU or AOC recorded in the report. For each release, please identify the SWMU or AOC and a one or two line description of release.

### PA/VSİ Recommendations

Superfund NFRAP

States Site Unit Status: Completed.

Enrolled in the Site Remediation Program in 2004.

CERTIFICATION REGARDING POTENTIAL RELEASES FROM  
SOLID WASTE MANAGEMENT UNITS

FACILITY NAME: Caterpillar Inc, 1970450028  
 EPA I.D. NUMBER: ILD 005070537  
 LOCATION CITY: Rt. 6, Joliet  
 STATE: IL

1. Are there any of the following solid waste management units (existing or closed) at your facility? NOTE - DO NOT INCLUDE HAZARDOUS WASTES UNITS CURRENTLY IDENTIFIED IN THE PART A APPLICATION, PART B APPLICATION, OR ANY CLOSURE PLAN FOR THE FACILITY.

	YES	NO
- Landfill	?	—
- Surface Impoundment	—	<u>X</u>
- Land Farm	—	<u>X</u>
- Waste Pile	—	<u>X</u>
- Incinerator	?	<u>X</u>
- Storage Tank (Above Ground)	—	<u>X</u>
- Storage Tank (Underground)	—	<u>X</u>
- Container Storage Area	—	<u>X</u>
- Injection Wells	—	<u>X</u>
- Wastewater Treatment Units	—	<u>X</u>
- Transfer Stations	—	<u>X</u>
- Waste Recycling Operations	—	<u>X</u>
- Waste Treatment, Detoxification	—	<u>X</u>
- Other	—	<u>X</u>

2. If there are "yes" answers to any of the items in Number 1 above, please provide a description of the wastes that were stored, treated or disposed of in each unit. In particular, please focus on whether or not the wastes would be considered as hazardous wastes or hazardous constituents under RCRA. Also include any available data on quantities or volume of wastes disposed on and the dates of disposal. Please also provide a description of each unit and include capacity, dimensions, location at facility, provide a site plan if available.

Project underway with M. Nienkerk of the Springfield Office of

I.E.P.A. to study above site.

NOTE: Hazardous waste are those identified in 40 CFR 261. Hazardous constituents are those listed in Appendix VIII of 40 CFR Part 261.

3. For the units noted in Number 1 above and also those hazardous waste units identified in your Part A, Part B or any closure plan, please describe (for each unit) any data available on any prior or current releases of hazardous wastes or constituents to the environment that may have occurred in the past or that may still be occurring.

RECEIVED

DEC 07 1989

IEPA-DLPC



- D. Make a demonstration that the original Part A for the facility was filed in error (i.e., the application was filed as a protective measure). The basis for this demonstration is that (1) hazardous waste generated at the facility has never been stored on-site for greater than ninety (90) days or (2) hazardous waste has not been treated or disposed at the facility. The enclosed form entitled Facility Part A Withdrawal Request Form (IL 532-1489 LPC 233 8186) must be completed and submitted to the Agency if the facility desires to pursue this alternative.
- E. Other (please explain) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

List the documents which accompany this submittal

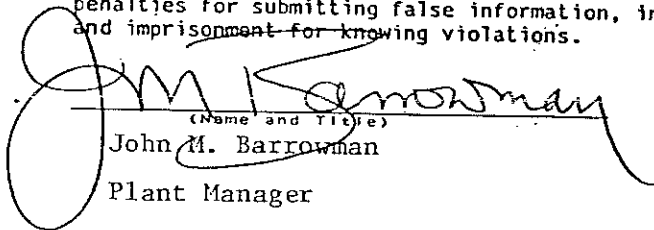
1. Release Certification 5/29/88 3 Pages
2. List of Permits 2 Pages
3. Plant Site, Drawing 1 1 Page
4. Area Map, Drawing 2 1 Page
5. Attachment 1 1 Page
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

#### V. POTENTIAL RELEASES FROM SOLID WASTE MANAGEMENT UNITS

Please complete Attachment 1. If you choose not to complete this form, please attach an explanation for this decision. If you have already completed this form and submitted it to the Agency, please include a copy of it with the information form being submitted.

#### VI. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

  
(Name and Title)  
John M. Barrowman  
Plant Manager

10-26-88  
(Date)

JM:mab/514j/sp/1-3

A. Air

72111537 Paint Booth  
73020143 Boiler  
73031765 Gas Fired Heaters  
73031767 Gas Fired Machine Tools  
73031794 Fugitive Dust Control Equipment  
73060396 Chrome Plating Bldg. E  
73070008 Chrome Plating MJ3505 & 3506  
73100017 Shot Blast  
74010115 Burr & Glass Bead Operation  
74010116 MJ5841 Package Line Paint Booth C-5-K  
74020021 MJ5862 Casting Paint Booth  
75080224 Boilers 1 and 2  
81030007 Chrome Plating, HX279, HX280, HX281  
86100017 Automotive Fuel Tanks  
86100055 Propane Storage Tank  
86100076 No Carb Paint Booth  
87100074 Waste Water Treatment Chemical & Bulk Tanks  
B8710005 Burning Permit for Fire Training

B. Waste Disposal

782145 Non Flammable Paint Sludge  
812321 Grinds, Fines, and Floor Sweepings  
820125 Lap Silt Solids  
820939 Lap Silt Solids  
822783 Non Flammable Paint Sludge  
831305 Waste Water Treatment Sludge  
831439 Waste Water Treatment Sludge  
831948 Scrubber Sludge  
832067 Grinds, Fines, and Floor Sweepings  
840262 Cinders  
841478 Scrubber Sludge  
841479 Scrubber Sludge  
850967 Non Flammable Paint Sludge  
870713 Waste Water Treatment Sludge  
870759 Scrubber Sludge  
870802 Scrubber Sludge  
870837 Scrubber Sludge  
880105 Lap Silt Solid  
921765 Spent Solvents  
940155 Waste Oil  
950420 Waste Oil  
960715 Nickel Plating Solution  
995470 Alkaline Cleaner with Chrome  
995951 Waste Oil

NOTE 1: Many of these permits are backup in that they are used if the primary disposal firm is unable to receive waste.

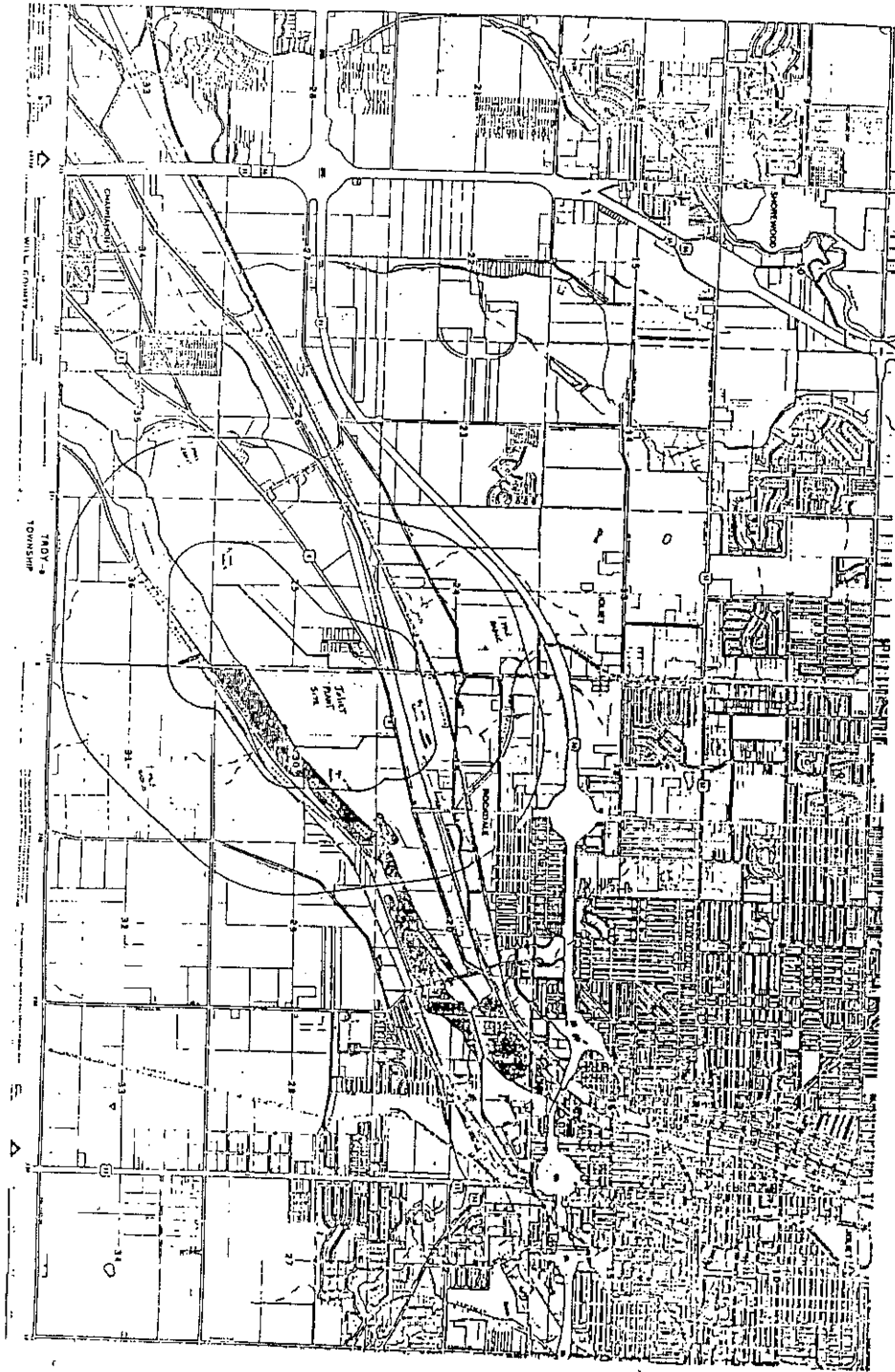
NOTE 2: Additional General Permits from Chemclear, Envirite, and Safety Kleen are not included since they are not in Caterpillar's name.

C. N.P.D.E.S. Permit IL0001732

bc/permits.gk

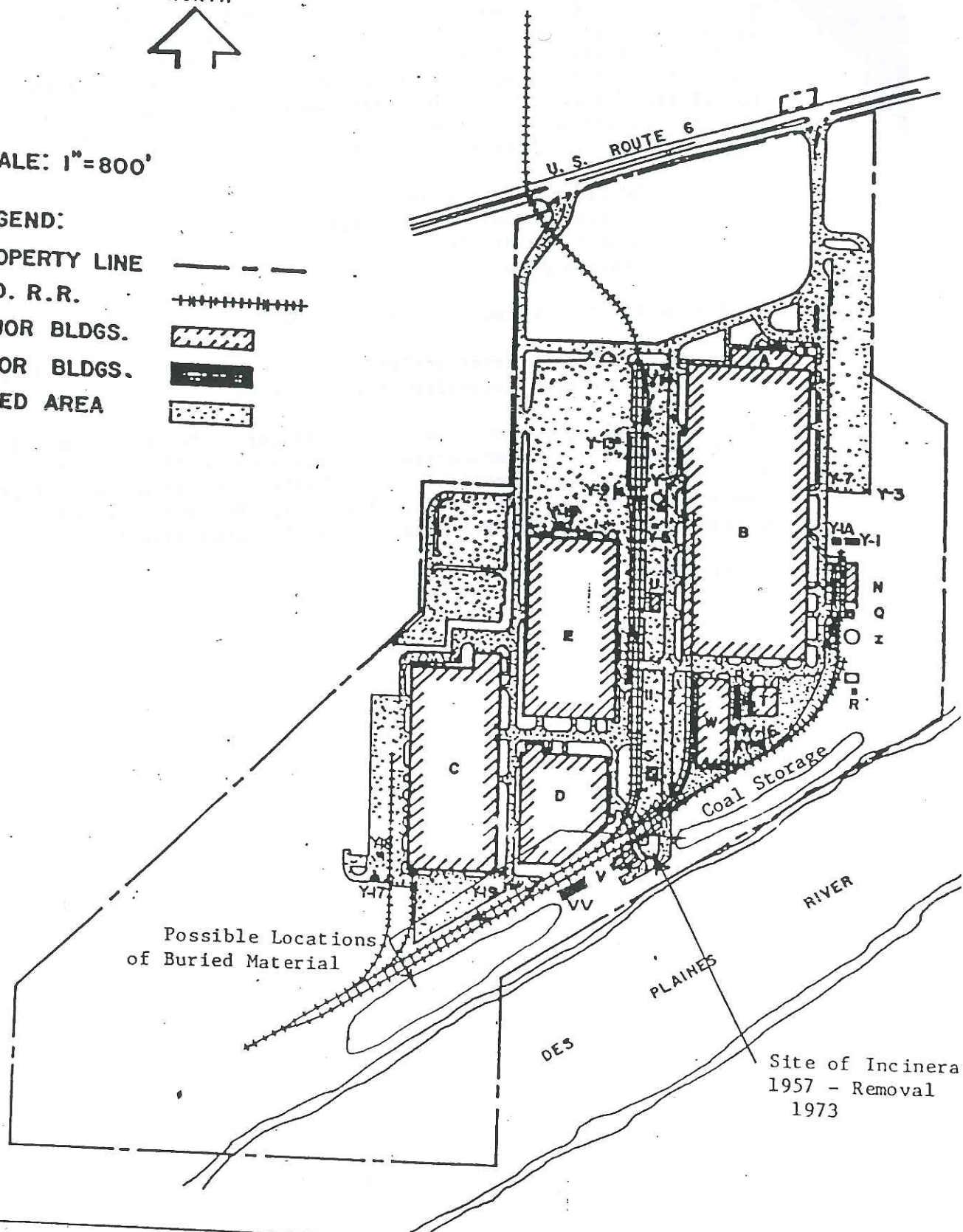
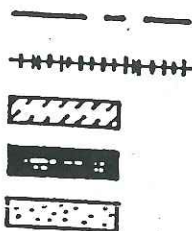






AREA MAP

PAVED AREA



PLANT DATA SHEET  
JOLIET ILLINOIS



ATTACHMENT A

The Joliet Plant was built in 1950. At that time, there were some low areas near the southern part of the lot. To fortify these low areas, there is a possibility that between 1951 to 1981 some wastes were land filled. See Attachment B for approximate locations of this fill. Although no formal records exist verifying that waste was disposed or disposed of in the area identified, older employees at the facility estimate the following materials may have been deposited there:

- Est. 100 drums kolene sludge
- Est. 10 drums chromic acid sludge
- Est. 20 drums paint sludge
- Est. 2 kolene pots

This material totals about 7,400 gallons.

These materials were never analyzed prior to disposal but it is possible they could have been corrosive or E.P. toxic.

In 1957 the plant constructed an incinerator to burn waste water treatment plant sludges. This incinerator was operated until 1973. At that time, the incinerator was demolished and a building constructed at that location. See Attachment B for incinerator location. We have no knowledge as to the characteristics or the volume of the incinerated material.

drb6136400

CERTIFICATION REGARDING POTENTIAL RELEASES FROM  
SOLID WASTE MANAGEMENT UNITS

FACILITY NAME: Caterpillar Tractor  
EPA I.D. NUMBER: ILD 980503080  
LOCATION CITY: 2700 McDonough St., Joliet  
STATE: Illinois

1. Are there any of the following solid waste management units (existing or closed) at your facility? NOTE - DO NOT INCLUDE HAZARDOUS WASTE UNITS CURRENTLY SHOWN IN YOUR PART A APPLICATION

	<u>YES</u>	<u>NO</u>
• Landfill	<u>      </u>	<u>  X  </u>
• Surface Impoundment	<u>      </u>	<u>  X  </u>
• Land Farm	<u>      </u>	<u>  X  </u>
• Waste Pile	<u>      </u>	<u>  X  </u>
• Incinerator	<u>      </u>	<u>  X  </u>
• Storage Tank (Above Ground)	<u>      </u>	<u>  X  </u>
• Storage Tank (Underground)	<u>      </u>	<u>  X  </u>
• Container Storage Area	<u>      </u>	<u>  X  </u>
• Injection Wells	<u>      </u>	<u>  X  </u>
• Wastewater Treatment Units	<u>      </u>	<u>  X  </u>
• Transfer Stations	<u>      </u>	<u>  X  </u>
• Waste Recycling Operations	<u>      </u>	<u>  X  </u>
• Waste Treatment, Detoxification	<u>      </u>	<u>  X  </u>
• Other <u>                                </u>	<u>      </u>	<u>      </u>

2. If there are "Yes" answers to any of the items in Number 1 above, please provide a description of the wastes that were stored, treated or disposed of in each unit. In particular, please focus on whether or not the wastes would be considered as hazardous wastes or hazardous constituents under RCRA. Also include any available data on quantities or volume of wastes disposed of and the dates of disposal. Please also provide a description of each unit and include capacity, dimensions and location at facility. Provide a site plan if available.

Not Applicable

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: Hazardous wastes are those identified in 40 CFR 261. Hazardous constituents are those listed in Appendix VIII of 40 CFR Part 261.

3. For the units noted in Number 1 above and also those hazardous waste units in your Part A application, please describe for each unit any data available on any prior or current releases of hazardous wastes or constituents to the environment that may have occurred in the past or may still be occurring.

Please provide the following information

- a. Date of release
- b. Type of waste released
- c. Quantity or volume of waste released
- d. Describe nature of release (i.e., spill, overflow, ruptured pipe or tank, etc.)

No Known Releases

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4. In regard to the prior or continuing releases described in Number 3 above, please provide (for each unit) any analytical data that may be available which would describe the nature and extent of environmental contamination that exists as a result of such releases. Please focus on concentrations of hazardous wastes or constituents present in contaminated soil or groundwater.

No Known Releases

---

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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the submittal is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (42 U.S.C. 6902 et seq. and 40 CFR 270.11(d))

Gary M. Kantner, Env. Coord.

Typed Name and Title

*Gary M Kantner*  
Signature

3/3/86

Date



FACILITY NAME: Caterpillar Tractor Co.

LOCATION CITY: U.S. Route 6, P.O. Box 504, Joliet

1. Are there any of the following solid waste management units (existing or closed) at your facility? NOTE - DO NOT INCLUDE HAZARDOUS WASTE UNITS CURRENTLY SHOWN IN YOUR PART A APPLICATION

2. If there are "Yes" answers to any of the items in Number 1 above, please provide a description of the wastes that were stored, treated or disposed of in each unit. In particular, please focus on whether or not the wastes would be considered as hazardous wastes or hazardous constituents under RCRA. Also include any available data on quantities or volume of wastes disposed of and the dates of disposal. Please also provide a description of each unit and include capacity, dimensions and location at facility. Provide a site plan if available.

Not Applicable

NOTE: Hazardous wastes are those identified in 40 CFR 261. Hazardous constituents are those listed in Appendix VIII of 40 CFR Part 261.

3. For the units noted in Number 1 above and also those hazardous waste units in your Part A application, please describe for each unit any data available on any prior or current releases of hazardous wastes or constituents to the environment that may have occurred in the past or may still be occurring.

Please provide the following information

- a. Date of release
- b. Type of waste released
- c. Quantity or volume of waste released
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No Known Releases

---

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4. In regard to the prior or continuing releases described in Number 3 above, please provide (for each unit) any analytical data that may be available which would describe the nature and extent of environmental contamination that exists as a result of such releases. Please focus on concentrations of hazardous wastes or constituents present in contaminated soil or groundwater.

No Known Releases

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---

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Gary M. Kantner Env. Coord.

Typed Name and Title

Gary M Kantner  
Signature

3/3/86

Date

# SOLID WASTE MANAGEMENT UNITS

FACILITY NAME: Caterpillar Tractor Co.  
 EPA I.D. NUMBER: ILD005070537  
 LOCATION CITY: U.S. Route 6, P. O. Box 504, Joliet  
 STATE: Illinois

1. Are there any of the following solid waste management units (existing or closed) at your facility? NOTE - DO NOT INCLUDE HAZARDOUS WASTE UNITS CURRENTLY SHOWN IN YOUR PART A APPLICATION

	<u>YES</u>	<u>NO</u>
• Landfill	<u>X</u>	<u>      </u>
• Surface Impoundment	<u>      </u>	<u>X</u>
• Land Farm	<u>      </u>	<u>X</u>
• Waste Pile	<u>      </u>	<u>X</u>
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• Other <u>                                </u>	<u>      </u>	<u>      </u>

2. If there are "Yes" answers to any of the items in Number 1 above, please provide a description of the wastes that were stored, treated or disposed of in each unit. In particular, please focus on whether or not the wastes would be considered as hazardous wastes or hazardous constituents under RCRA. Also include any available data on quantities or volume of wastes disposed of and the dates of disposal. Please also provide a description of each unit and include capacity, dimensions and location at facility. Provide a site plan if available.

See Attachment A

NOTE: Hazardous wastes are those identified in 40 CFR 261. Hazardous constituents are those listed in Appendix VIII of 40 CFR Part 261.



3. For the units noted in Number 1 above and also those hazardous waste units in your Part A application, please describe for each unit any data available on any prior or current releases of hazardous wastes or constituents to the environment that may have occurred in the past or may still be occurring.

Please provide the following information

- a. Date of release
- b. Type of waste released
- c. Quantity or volume of waste released
- d. Describe nature of release (i.e., spill, overflow, ruptured pipe or tank, etc.)

No known releases

---

---

---

---

4. In regard to the prior or continuing releases described in Number 3 above, please provide (for each unit) any analytical data that may be available which would describe the nature and extent of environmental contamination that exists as a result of such releases. Please focus on concentrations of hazardous wastes or constituents present in contaminated soil or groundwater.

No known releases

---

---

---

---

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Gary M. Kantner, Env. Coord.

Typed Name and Title

Gary Kantner  
Signature

5/29/86

Date

## ATTACHMENT A

The Joliet Plant was built in 1950. At that time, there were some low areas near the southern part of the lot. To fortify these low areas, there is a possibility that between 1951 to 1981 some wastes were land filled. See Attachment B for approximate locations of this fill. Although no formal records exist verifying that waste was disposed or disposed of in the area identified, older employees at the facility estimate the following materials may have been deposited there:

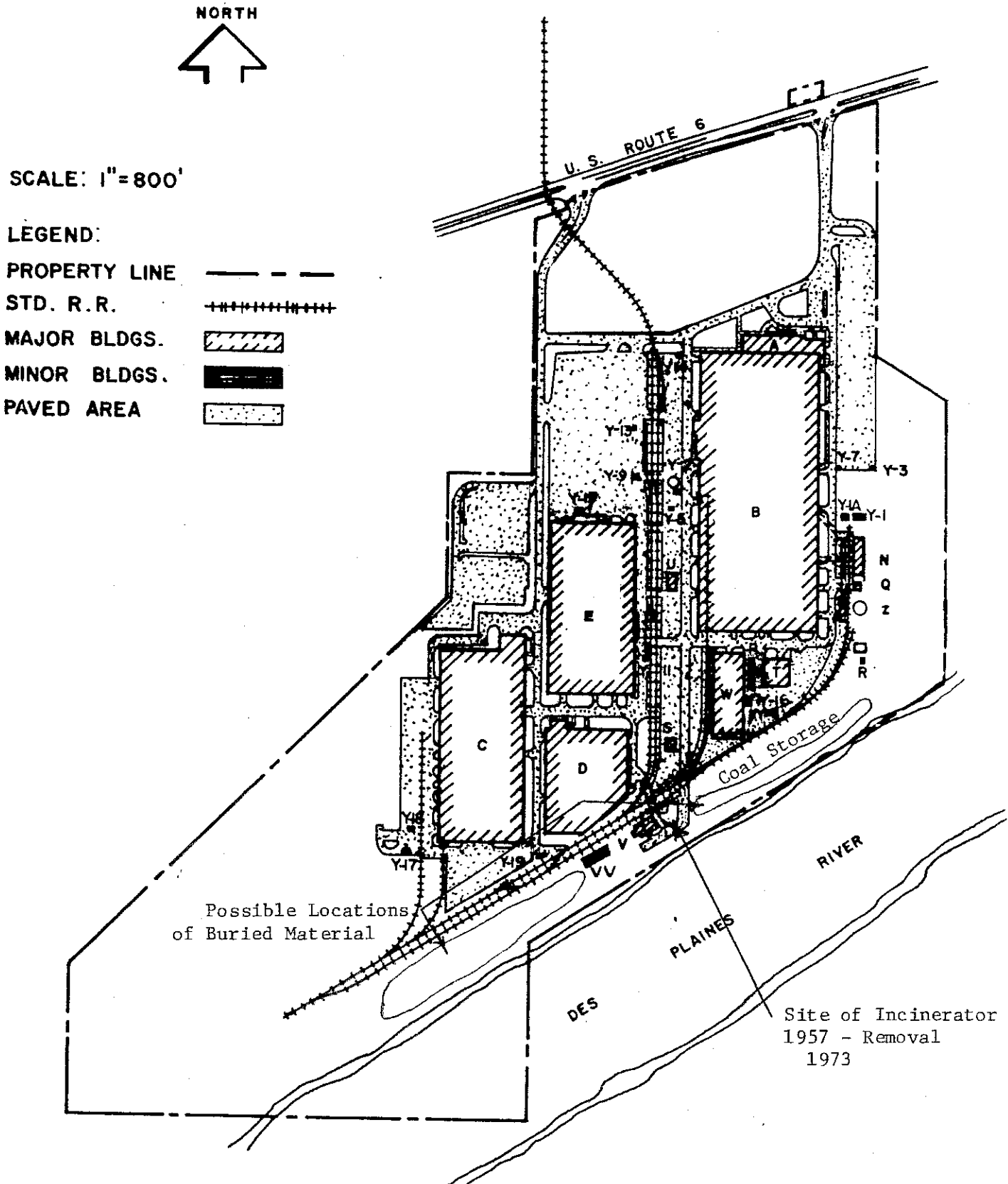
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- Est. 10 drums chromic acid sludge
- Est. 20 drums paint sludge
- Est. 2 kolene pots

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In 1957 the plant constructed an incinerator to burn waste water treatment plant sludges. This incinerator was operated until 1973. At that time, the incinerator was demolished and a building constructed at that location. See Attachment B for incinerator location. We have no knowledge as to the characteristics or the volume of the incinerated material.

drb6136400



TITLE

 PLANT DATA SHEET  
 JOLIET, ILLINOIS

PAGE 1 OF 5

JULY 1983